

Unmet Need for Family Planning: What Can We Learn from the DHS 5-Year Contraceptive Calendar Data?

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Despite the benefits of contraceptive use, more than 220 million women in developing countries say they want to postpone their next birth, or not have any more children, but they are not using any type of family planning method. These women have an “unmet need” for family planning.

Our preliminary analysis suggests that over the course of their reproductive lives, many more women likely experience unmet need than previously recognized, and a substantial number also experience multiple episodes. Contraceptive needs can fluctuate owing to changes in fertility desires that occur in response to changing life circumstances such as having a child, entering a serious relationships, and experiencing changes in household finances. Accordingly, women may pass in and out of unmet need, like a revolving door, rather than experiencing it as a one-time event. Current measures typically provide only a snapshot view of unmet need. Our analysis reveals how a longer-term perspective could provide important additional information that would help shed light on improving family planning services.

Data & Analysis

To better understand the patterns of women’s unmet need and their implications, we analyzed the Demographic and Health Survey (DHS) five-year contraceptive calendar data for married women of reproductive age in 13 countries (Bangladesh, Burkina Faso, Ethiopia, India, Indonesia, Kenya, Malawi, Nepal, Nigeria, Rwanda, Senegal, Tanzania, and Uganda). These countries were selected for analysis because they had recent contraceptive calendar data available, and they are among the priority countries included in the Family Planning 2020 initiative.

The analysis examined two aspects of unmet need: the extent to which point-in-time measures of unmet need miss the magnitude of the problem, compared to measures over the five-year period prior to the survey; and the extent to which women had more than one episode of unmet need in the same five-year timeframe.

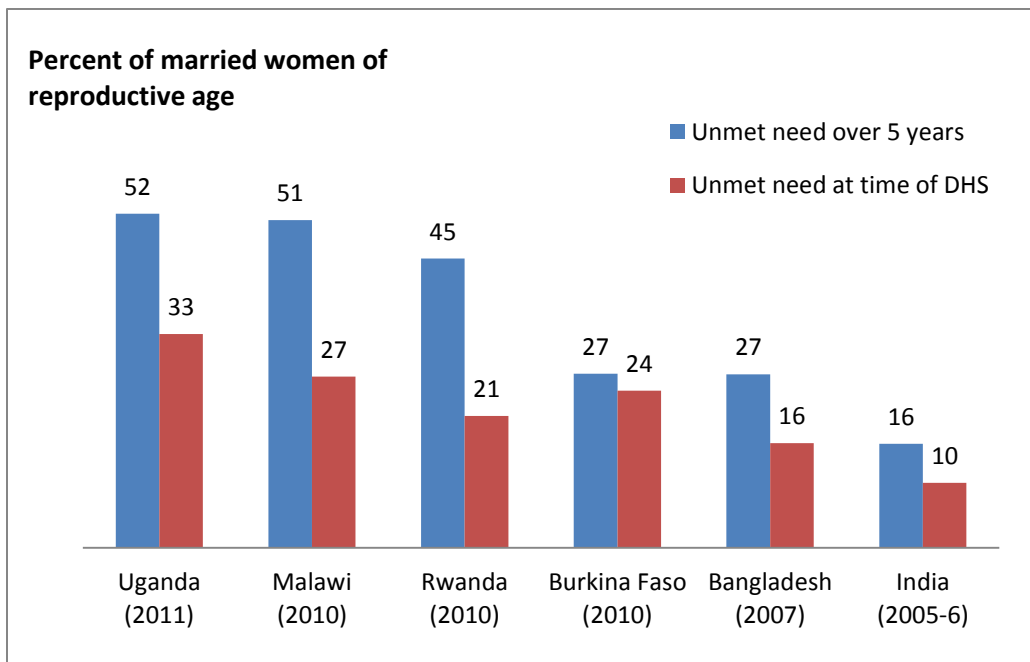
Specifically, the calendar data provided an opportunity to identify any mistimed or unwanted births experienced by each woman over the five-year period. Assuming that women with mistimed or unwanted births had unmet need for family planning preceding those pregnancies, we identified women who had at least one episode of unmet need during the study period. Multiple episodes of unmet need were assessed

using data on mistimed or unwanted births over the five years as well as women’s reports of unmet need at the time of the DHS. For all analyses, we used data from the most recent waves of DHS available per country at the time of the study, and restricted the analysis to women who were married throughout the five-year period for comparability across countries.

Preliminary Results

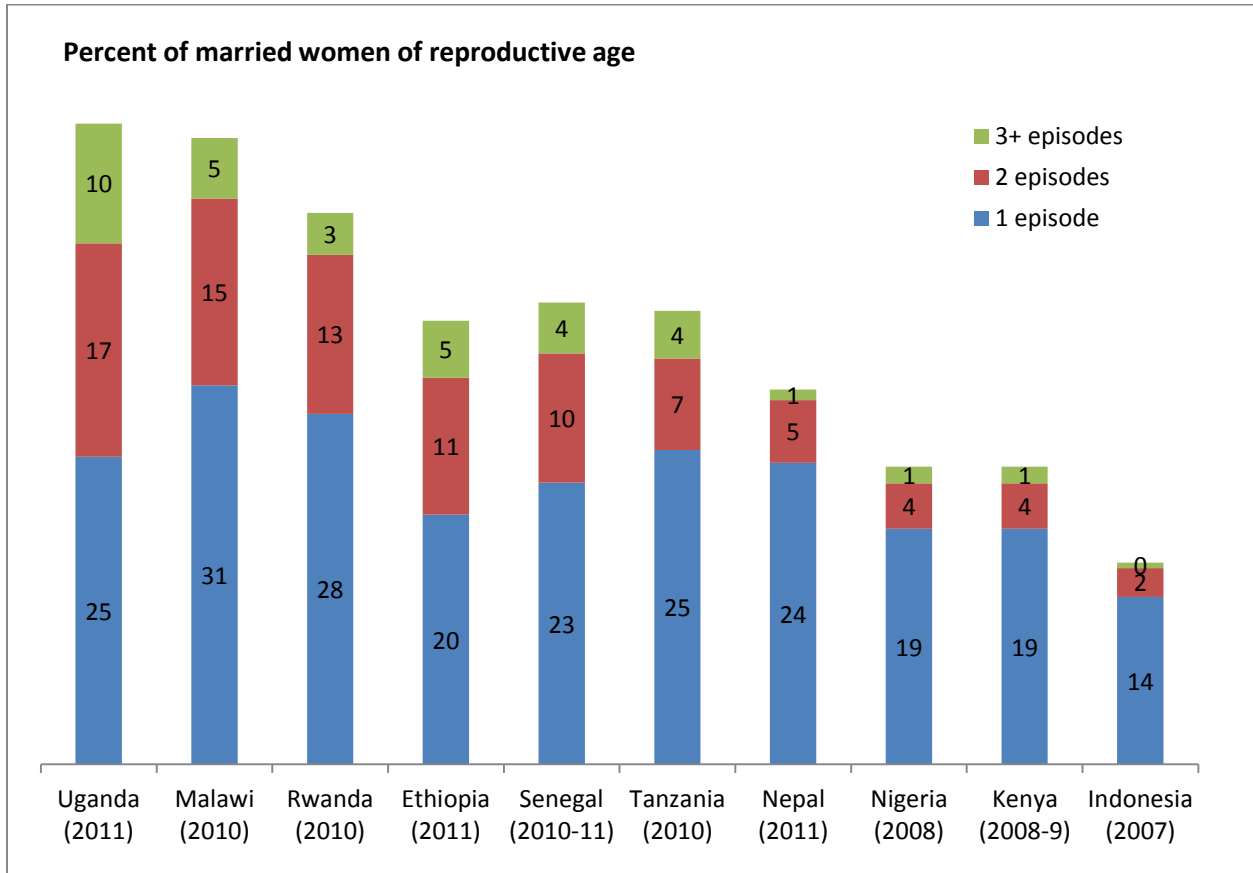
Our preliminary analysis revealed that the five-year unmet need measure was significantly higher than the single point-in-time measure in several countries, and the difference was very large in some. Figure 1 contrasts unmet need measured at the time of the DHS with that measured over the five-year period preceding the DHS and at the time of the survey. In Uganda, for example, the point-in-time unmet need measure shows that one-third of women had unmet need, while the five-year measure shows that about half of all women (52%) had experienced unmet need. The difference between these two measures was the smallest in Burkina Faso at 3 percentage points, and the largest in Malawi at 24 percentage points. Reliance on point-in-time measures may therefore lead family planning program managers and decisionmakers to underestimate the magnitude of unmet need in some countries.

Figure 1. Unmet Need for Family Planning at One Point in Time and Over 5-Year Period



Among women who had experienced unmet need over the five-year period, a substantial proportion also had more than one episode. Figure 2 shows the percent of women who experienced one, two, or three-plus episodes in the five years. In Malawi, more than half of married women experienced unmet need over the five-year period: 31% experienced one episode, 15% experienced two episodes, and another 5% experienced three or more episodes. Indonesia had the smallest percentage of women (2%) who had multiple episodes of unmet need over a five-year period, while Uganda had the largest percentage at 27%, with 17% experiencing two episodes and another 10% experiencing three episodes or more.

Figure 2. Unmet Need Over a 5-Year Period by the Number of Unmet Need Episodes Experienced



Since the analysis only captured unmet need episodes resulting in mistimed or unwanted births, the estimates of unmet need are likely lower than the actual numbers. In addition, some mistimed or unwanted births may not have been reported as such for various reasons including social stigma or changes in birth intentions—once the baby arrived, women may have no longer reported the birth mistimed or unwanted, even though this was the case prior to delivery. These calculations of unmet need, therefore, serve as conservative estimates of the magnitude of the problem.

Women experiencing multiple episodes of unmet need, in just a five-year period of their reproductive lives, are likely facing serious challenges to obtaining family planning services. Research shows that women have unmet need for a number of reasons, including having concerns about health and side effects; perceiving that they are not at risk of pregnancy; facing opposition from their partners or others; and having problems accessing services (due to factors such as distance, cost, stockouts, and inconvenient hours). In addition, women experiencing multiple episodes may not be integrated into local health programs, thus missing potential entry points into the health system and, ultimately, family planning counseling and services. These women also may have different reasons for unmet need at different points in time, requiring different strategies. The more we can understand the nature of need—its magnitude and why it keeps reoccurring—the better we will be able to help women and couples surmount their reproductive challenging at different stages of their lives.

Summary & Conclusion

Our results suggest that the current point-in-time measure masks the magnitude of unmet need. The results also suggest that point-in-time measures conceal the complexity and recurring nature of the problem as many women experience multiple episodes of unmet need over time. Unmet need may be best thought of as a fluid state, with women cycling in and out of need as their fertility desires and situations change. The continuous availability of family planning services, including the full range of contraceptive methods to accommodate need at different life stages, is critically important. In addition, the large proportion of women with more than one unmet need episode over the five-year period—as defined by a mistimed or unwanted pregnancy—highlights the importance of family planning counseling, services, and follow-up into postpartum programs as well as other services that provide opportunities to reach women—post-abortion care, child survival programs, community health programs, and HIV services. Recognizing the revolving door nature of unmet need is an important first step toward satisfying the family planning needs of women and couples globally. Our poster will present the final results for all the 13 study countries and will include more in-depth discussions of the study implications.