Unmet Need for Family Planning

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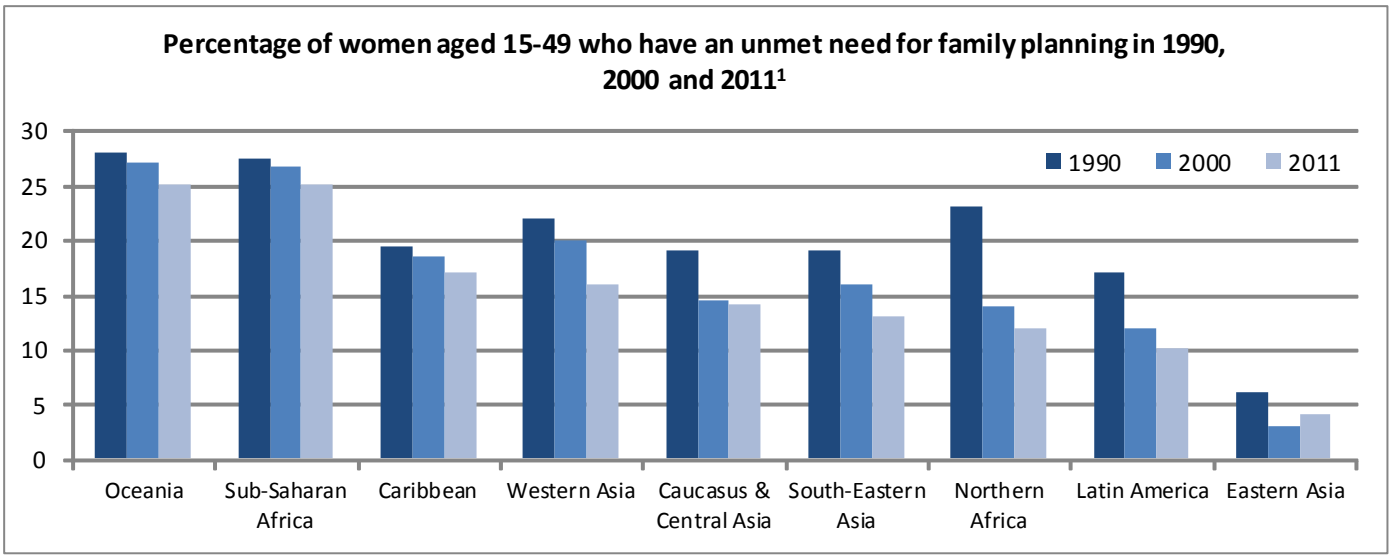
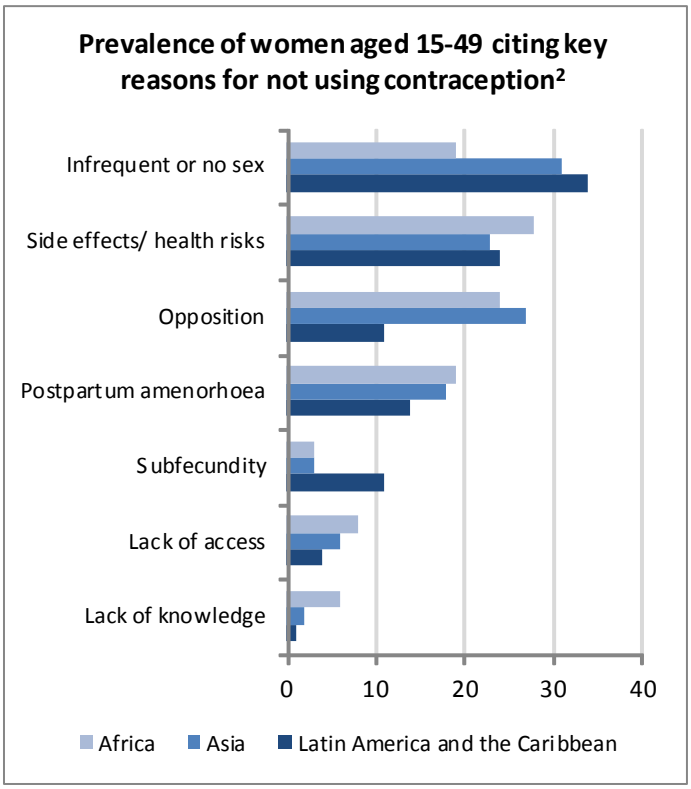


The Unmet need for family planning is defined as the proportion of women aged 15-49, in a sexual partnership, wanting to postpone or avoid childbearing, but not using any method of contraception. This means that there are two sub-varieties of unmet need: the unmet need for spacing and the unmet need for limiting. The unmet need for spacing refers to women who want to postpone their next birth for at least two years, while the unmet need for limiting refers to women who do not want any more children at any point.



Women who are using contraception are sometimes referred to as having a "met need", and thus if you add women with an unmet and a met need you will get the total "need" for family planning.

The unmet need for family planning varies substantially in different regions of the world, with the highest levels of unmet need observed in Oceania and Sub-Saharan Africa. Within these regional averages there are enormous disparities though. In Africa levels of unmet need range from 16% in Niger to 38% in Sao Tome and Principe. In Asia the lowest level of unmet need are observed in Vietnam where it is just 7%, but in Timor-Leste it is 32%.[3]

The United Nations monitors unmet need as part of the Millennium Development Goals target 5.B, which is to achieve universal access to reproductive health by 2015. They estimate that there are more than 140 million women who are in a union and wish to postpone or avoid childbearing, but are not using any form of contraception. [1]

Unmet need for family planning and other family planning and fertility indicators in selected

	Unmet need	Modern contraceptive prevalence	TFR	Ideal family size
Niger (2012)	16.0	12.2	7.6	9.5
Benin (2011-12)	32.6	7.9	4.9	4.9
Nepal (2011)	27.5	43.2	2.6	2.2
Dominican Republic (2007)	11.1	70.0	2.4	3.2

Reasons for Unmet Need

Varying levels of unmet need must be put into context, as the reasons for unmet need vary substantially by region. Recent research indicates that lack of access and lack of knowledge only account for a small proportion of unmet need: less than 10% in Asia, and Latin America and the Caribbean, and 14% in Africa. On the other hand concerns about side effects and health risks are the primary reason for not using modern contraceptives in Africa. The opposition of the woman or the husband/partner was also a key factor in Africa and Asia, but less so in Latin America and the Caribbean. Indeed, infrequent or no sex was the primary reason for not using contraception in Latin America and the Caribbean.[2]

Unmet Need, Contraceptive Use and Fertility

There is no straightforward relationship between unmet need and either fertility or contraceptive use. Low levels of unmet need can be seen in countries where contraceptive prevalence is low and fertility is very high in the event that desired family size is also high; this is the case in Niger where the total fertility rate (TFR) is 7.6, but the reported ideal family size is over 9 meaning that unmet need is just 16%. In Benin, there are very low levels of contraceptive use (less than 10%) and very high levels of unmet need (almost a third of women). In Nepal the TFR is relatively low (2.6) and contraceptive prevalence is high (43.2%), but unmet need is also high. The Dominican Republic has a TFR of 2.4, which is barely lower than the TFR in Nepal, but contraceptive prevalence is 70% and unmet need is just 11%. Interestingly, the ideal family size in the Dominican Republic is higher than the TFR whereas in Nepal the ideal family size is lower than the TFR, which partly explains the vast difference in levels of unmet need.

Differentials in Unmet Need

Just as unmet need varies substantially between countries, it also varies between subgroups of women in individual countries. Unmet need is generally higher amongst poorer, less educated women. For example, in Rwanda unmet need is 13% for those with secondary or higher education, but 25% for those with no education, while it is 16% for those in the highest wealth quintile, but 26% for those in the lowest wealth quintile. A similar patterns is visible in Pakistan where unmet need is 17% for those with secondary or higher education and 22% for those with no education, 15% for those in the highest wealth quintile and 25% for those in the lowest wealth quintile. However, in some countries that are very early on in the fertility transition such as Niger and Chad, the richest, most educated women actually have higher levels of unmet need. The likely explanation for this is that lower fertility ideals spread amongst these women first meaning that they wish to use contraception, but are unable to access it.

Unmet need must always be understood in light of other indicators as well as the composition of the unmet need in a particular country context.

References

1. United Nations (2013), *The Millennium Development Goals Report 2013.* United Nations, New York
2. Sedgh, G. and Hussain, R. (2014), *Reasons for contraceptive nonuse among women having unmet need for contraception in developing countries.* Studies in Family Planning; 45[2]: 151-169
3. ICF Macro, various DHS country reports.

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