Family Planning Policies and Programs
Henry Mosley
Session 3 Slides
Family Planning Policies and Programs

Supply, Demand and Unmet Need for Contraception

W. Henry Mosley
Supply of, and Demand for Children with Socio-economic Development (Easterlin Model)

1. Supply = number of surviving children couples would have if they made no deliberate attempt to limit family size.

2. Demand = number of surviving children parents would have if fertility regulations were costless.

3. Cost of fertility regulation = economic, psychic, health and social costs of acquiring and using contraception and abortion.
Illustrative Trends in Demand for Children and the Potential and Actual Supply of Children During the Demographic Transition

Data from: Easterlin
Demographic Indicators of the Demand-Supply Framework
a. Measured by contraceptive use/non-use

1. *Contraceptive prevalence* is a measure of “met” demand for fertility limitation.

2. *Unmet need for family planning* is measured as the proportion of women in a sexual union desiring to space or limit childbearing and not using contraception.

3. *Total potential demand for family limitation* is measured by contraceptive use + unmet need.
Demographic Indicators of the Demand-Supply Framework

a. Measured by contraceptive use/non-use

- Contraceptive Prevalence
- Unmet need

\[ \text{Total Potential Demand} \]
Demographic Indicators of the Demand-Supply Framework

b. As measured by fertility and abortions

1. *Latent demand* (for controlling childbearing) is measured as the difference between achieved fertility and desired fertility, or as level of *unintended, or unwanted childbearing*.

2. *Overt demand* for controlling childbearing is measured by the *total abortion rate*
Demographic Indicators of the Demand-Supply Framework

b. As measured by fertility and abortions

- **Abortions (TAR)**
  - = overt demand

- **Unintended or unwanted births**
  - = latent demand

- **Wanted births**
  - = intended or desired fertility

\[
\text{Achieved Fertility (TFR)}
\]
Percent of Women Who Do Not Want Last Birth, by Number of Living Children

Selected Developing Countries

- **Brazil**
  - One: 14.4%
  - Two: 20%
  - Three: 37.9%
  - Four: 57%

- **Peru**
  - One: 3.2%
  - Two: 12.5%
  - Three: 31.3%
  - Four: 57.1%

- **Guatemala**
  - One: 3.1%
  - Two: 10.6%
  - Three: 12.7%
  - Four: 17%

Percent of married women

Source: Demographic and Health Surveys (DHS)
Relationship of Contraceptive Prevalence to Abortion, Hungary

CPR

Ab/1000


Abortion Rate
Desire for More Children vs. “Unmet Need” and “Demand for Contraception”

1. **Desire for more children** is *directly measured*, and is an essential component in estimating unmet need.

2. **Unmet need** is only measured indirectly among a subgroup of women not using contraception.

3. **Demand for contraception** combines the unmet need plus the contraceptive prevalence
Unmet Need for Contraception

Women are defined as having an unmet need if they are:

• fecund
• married or living in union
• not using any contraception
• do not want any more children, or
• want to postpone for at least two years
Unmet Need for Contraception

Unmet need also includes:
• pregnant or amenorrheic women
  • with unwanted or mistimed pregnancies/births, and
• not using contraception at time of last conception
Defining Unmet Need - Kenya, 1993

Not using contraception 67%

Pregnant or amenorrheic 30%

Pregnancy intended 12.7%
Pregnancy mistimed 12.7%
Pregnancy unwanted 4.6%

Not pregnant or amenorrheic 37%

Fecund 24.6%
Infecund 12.6%

Want later 9.4%
Want no more 8.7%
Want soon 6.4%

Need for spacing 12.7%
Need for limiting 4.6%
Need for spacing 9.4%
Need for limiting 8.7%

Total unmet need 35.5%
"Demand for Contraception" by Women’s Age. Kenya, 1993

Note: Totals of each column = “demand for contraception”
Figure 12. Number of Living Children and Unmet Need, Vietnam, 1988

MWRA = married women of reproductive age
Source: Ross 1994 (178)
Figure 2. Relationship Between Contraceptive Prevalence and Unmet Need

Note: A curved regression line (the solid line) fits the data significantly better than a straight line.

MWRA = married women of reproductive age  Source: Demographic and Health Surveys
Relationship of Unmet Need to Contraceptive Prevalence
(Countries with two data points)
Figure 10. Unmet Need and Contraceptive Use by Women's Educational Level, Turkey, 1992, and Ghana, 1994

Turkey 1992

Ghana 1994

Source: Demographic and Health Surveys
Expanded Definitions of Unmet Need

May include women who:

• are using an ineffective method
• are using a method incorrectly
• are using an unsafe method
• are using an unsuitable method
Reasons for Unmet Need

1. Lack of access
   • to preferred method
   • to preferred provider

Physical distance may not be of major importance, but other “costs” are, such as monetary, psychological, physical, and time.
Reasons for Unmet Need

2. Poor quality of services provided. This includes:

- choice of methods
- provider competence
- information given to clients
- provider-client relationships
- related health care services
- follow-up care

Reference: Judith Bruce Framework
Reasons for Unmet Need - cont.

3. Health concerns
   • actual side effects
   • fear of side effects

4. Lack of information and misinformation about:
   • available methods
   • mode of action/how used
   • side effects
   • source/cost of methods
5. Family/community opposition (power relationships in the household)
   • pronatalist
   • concerns about unfaithfulness
   • fear of side effects
   • objections to male providers
   • religious objections
Reasons for Unmet Need - cont.

6. Little perceived risk of pregnancy

7. Ambivalence
Intention to Use Contraception Among Women with Unmet Need, Jordan, 1990

Unmet need 22.4%

Intend to use in future 11.6%
Never used 3.6%
Past user 8.1%

Will not use in future 7.0%

Don’t know whether will use in future 3.8%

Thinks she cannot become pregnant 3.2%

Other reasons 3.8%
Figure 7. Distribution of Main Reasons for Not Intending to Use Contraception Among Subgroups of Women with Unmet Need in 24 Countries Surveyed by the DHS

Percentage of MWRA with Unmet Need for:

**Limiting Births**
- Ambivalent: 7%
- Not Exposed & Other: 11%
- Side Effects: 19%
- Opposed: 28%
- Lack of Information: 92%

**Spacing Births**
- Ambivalent: 3%
- Not Exposed & Other: 15%
- Side Effects: 20%
- Opposed: 37%
- Lack of Information: 18%

*Note: Unweighted averages for 24 countries, 1990-94
MWRA = married women of reproductive health
Source: Westoff & Bankole 1995 (234)*
Meeting Unmet Need

1. Improve access to good quality services
   • offer choice of methods
   • eliminate medical barriers
   • expand service delivery points
     - home delivery
     - social marketing
   • provide confidentiality
Figure 3. Relationship Between the Number of Contraceptive Methods Available and Unmet Need

The more contraceptive methods available in a country, the lower the level of unmet need.

Note: The solid line is the best fitting statistical regression line. MWRA = married women of reproductive age
*Scores calculated on the basis of judgments about the availability of contraceptive methods by senior family planning personnel and observers in each country.
Source: Mauldin and Ross 1991 (122). Percentage with unmet need from Demographic and Health Surveys.
Meeting Unmet Need

2. Improve communication about: legitimacy of family planning
   • source of FP information and supplies
   • misinformation and rumors regarding effects/side-effects
   • risks of contraception
   • risks of pregnancy
Figure 4. Unmet Need by Number of Family Planning Methods Known to Married Women of Reproductive Age in Four Countries

Number of methods known:
- 0–3 methods
- 4–6 methods
- 6+ methods

% with Unmet Need

Turkey 1992: 21
Dominican Republic 1991: 35
Madagascar 1992: 35
Philippines 1993: 39

Source: Bhushan 1996 (19) from Demographic and Health Surveys
Meeting Unmet Need

3. Involve men/husbands as well as women
Figure 6. Husband-Wife Communication: Contraceptive Users and Women with Unmet Need Compared

<table>
<thead>
<tr>
<th>Location</th>
<th>Contraceptive Users</th>
<th>Women with unmet need</th>
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<tbody>
<tr>
<td>Botswana 1988</td>
<td>68</td>
<td>83</td>
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<tr>
<td>Ghana 1994</td>
<td>44</td>
<td>72</td>
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<tr>
<td>Kenya 1993</td>
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<td>Madagascar 1992</td>
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<td>Rwanda 1992</td>
<td>72</td>
<td>89</td>
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<tr>
<td>Zambia 1992</td>
<td>63</td>
<td>82</td>
</tr>
</tbody>
</table>

Source: Demographic and Health Surveys

Population Reports
Figure 5. Women's Perception That Husband Approves of Family Planning Contraceptive Users and Women with Unmet Need Compared

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Contraceptive users</th>
<th>Women with unmet need</th>
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</thead>
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<td>Botswana</td>
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</tr>
<tr>
<td>Zambia</td>
<td>1992</td>
<td>57</td>
<td>86</td>
</tr>
</tbody>
</table>

Percentage Who Think That Their Husbands Approve of Family Planning

Source: Demographic and Health Surveys

Population Reports
Meeting Unmet Need

4. Link FP to other services
   • prenatal care
   • post-partum care/breastfeeding
   • immunization
   • post-abortion care
   • child health services