



## POLICY Project Briefing Paper

# Perspectives on Unmet Need for Family Planning in West Africa: Benin

### **Conference on Repositioning Family Planning in West Africa**

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### **Introduction**

The countries of West Africa have some of the highest levels of unmet need for family planning in the world. During the six-year period (1995–2000) following the 1994 International Conference on Population and Development, there were an estimated 12 million unintended pregnancies in the 18 West Africa Regional Program (WARP) countries.<sup>1</sup> Yet family planning programs are currently low on most national agendas and there is no concerted effort to address the expressed need for family planning. To reduce the health and development consequences of unintended fertility in West Africa, policymakers and planners need to study the characteristics of women with a demonstrated unmet need for family planning and use that information to improve policies and programs. This series of briefing papers is designed to contribute to that effort by offering some perspectives on the nature and dimensions of unmet need based on the findings of Demographic and Health Surveys (DHS) in 11 West African countries: Benin, Burkina Faso, Cameroon, Côte d’Ivoire, Ghana, Guinea, Mali, Niger, Nigeria, Senegal, and Togo. This brief focuses on Benin.

### **What is unmet need for family planning?**

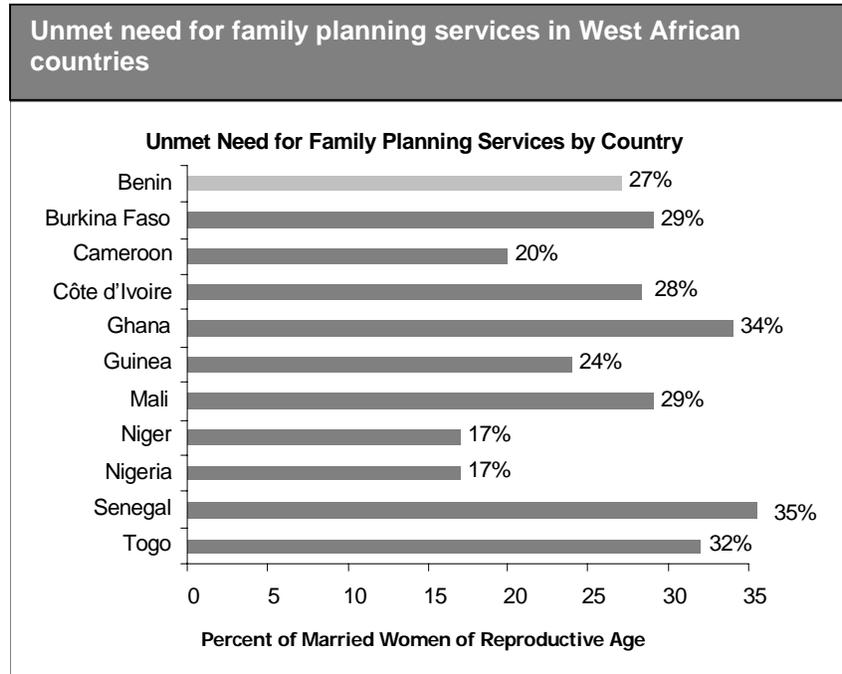
According to the DHS definition used in this series of briefs, a woman has an unmet need for contraception if she is fecund, sexually active, not using any contraceptive methods, and does not want a child for at least two years (“spacers”) or wants no more children (“limiters”). This definition produces a conservative estimate because it excludes groups who are arguably “in need.” For example, many traditional method users who are motivated and at risk of unintended pregnancies are using traditional contraception for lack of access to more effective methods. Amenorrheic women who say they wanted their last birth are omitted even if they wish to delay

<sup>1</sup> WARP is a USAID-funded regional program. The 18 countries are Benin, Burkina Faso, Cameroon, Cape Verde, Chad, Côte d’Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, and Togo.

their next pregnancy. One study illustrating the impact of including this group in sub-Saharan Africa shows that the proportion of married women with unmet need would have increased from 26 percent to 43 percent.

### **Why should policymakers and program managers be concerned about unmet need?**

Policymakers in all sectors should be greatly concerned about the consequences of failing to meet unmet need. The reproductive health status of women and girls in West Africa is extremely poor compared with other regions and is further undermined by unintended pregnancies, which often result in deaths and injuries from abortions provided in unsafe conditions. Closely spaced and ill-timed pregnancies and births contribute to some of the world's highest infant mortality rates, and infants of mothers who die as a result of giving birth have a greater risk of mortality and poor health status.



Unintended fertility fuels a rate of population growth that is outpacing the region's efforts to meet the social needs of its citizens and achieve national development goals. By the mid-1990s, according to one source, population increase had outpaced economic gains and food production, leaving the average African 22 percent poorer than in 1975. Helping people to prevent unintended pregnancies and births also reduces the need for household and government expenditures on such services as treatment of postabortion complications and care for maternal orphans while contributing to healthier families who can earn more and save more—a primary goal of poverty eradication plans and essential to economic development.

West African countries are signatories to international agreements that commit them to the improved status of girls and women and to ensuring the right of couples to freely determine the size and spacing of their families while providing them the means to do so. Unintended fertility locks girls and women into a cycle of early childbearing and poverty, and governments' failure to address family planning needs ignores individual rights.

Addressing unmet need for family planning provides an opportunity for policymakers in all sectors to respond to the expressed fertility preferences of their populations while simultaneously improving health, slowing the rate of population growth, and contributing to achievement of national goals.

## The reproductive revolution and unmet need for family planning

In the early 1960s, women in developing countries had, on average, between six and seven children apiece. Now, just 40 years later, they average about three children each. In the early 1960s, only about 6 percent of women in developing countries were using modern contraception; currently, more than 50 percent use some form of modern contraception. This astonishing change in behavior in a relatively short period of time is sometimes referred to as the reproductive revolution.

Despite these changes, some countries have lagged behind the reproductive revolution. In these countries, fertility remains high and contraceptive use is still low. It is in these countries that we find the highest levels of unmet need for family planning. And the urgency of rapidly expanding family planning information and services to respond to the particular conditions that create that need.

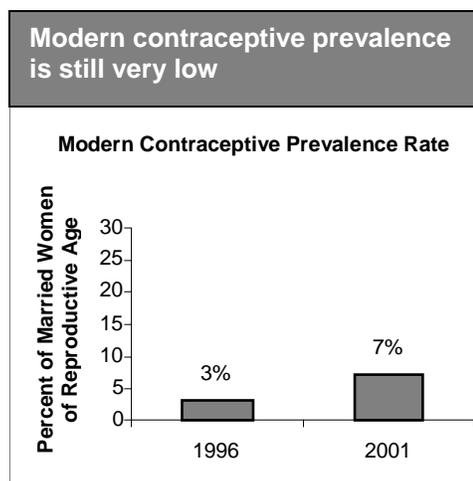
One of the important lessons of the reproductive revolution is that successful family planning programs can be developed and expanded even in challenging social and economic environments. Once the consequences of high levels of unmet family planning need for health and development are well understood across all branches of government and in the private sector, there will be greater support for resource mobilization.

### What is the situation in West Africa?

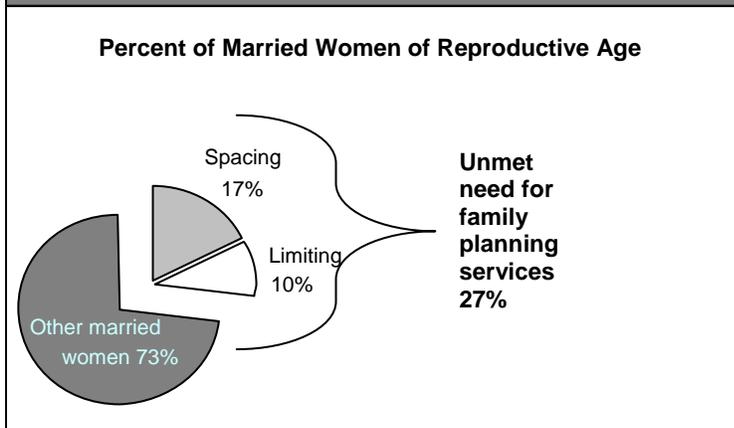
West Africa has lagged well behind the reproductive revolution. Modern contraceptive prevalence is low for most of the region, except for Cape Verde. The highest modern contraceptive prevalence rate is in Ghana at 19 percent. This is well ahead of the rest of the region but low compared to other regions. Unmet need for family planning services to space and limit births is high in West Africa. Considerable opportunity exists to respond to this need by strengthening family planning programs, that is, once the factors that prevent the use of services are better understood. The most recent Demographic and Health Surveys show that more than 30 percent of women of reproductive age in three countries—Ghana, Senegal, and Togo—report an unmet need. In six other countries, Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Guinea, and Mali, 20 to 30 percent of married women of reproductive age report an unmet need for family planning. Unmet need is 17 percent in both Nigeria and Niger.

### Fertility, contraceptive use, and unmet need in Benin

Benin conducted a fertility survey in 1982 (Enquête Fécondité au Bénin) and two DHS (Enquêtes Démographiques et de Santé [EDSB]) in 1996 and 2001. Over that period, the fertility rate, or the average number of children per woman, dropped from 7.1 in 1982 to 6.3 in 1996 and 5.6 in 2001. Modern contraceptive use among married women of reproductive age, however, remains low, rising from 3 percent in 1996 to 7 percent in 2001.



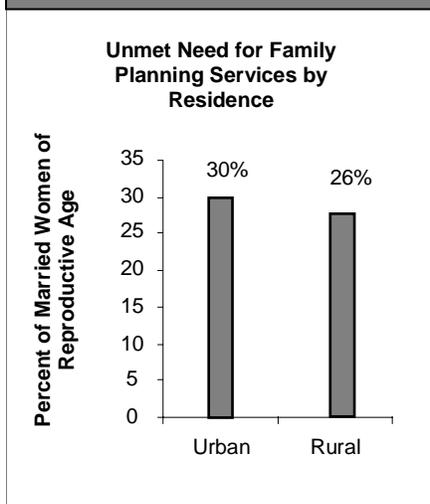
**Benin has a very high level of unmet need for family planning**



Benin has a high level of unmet need for family planning. The 2001 EDSB reports that 27 percent of married women of reproductive age fit into the unmet need category. “Spacers” are more common than “limiters” although there is a large segment of married women who would not like any more children but who are not using family planning. About 17 percent of married women would like to space their next birth for at least two years, while 10 percent would prefer not to have any more children. If Benin were better able to

identify the characteristics, preferences, and intentions of these women, it could make significant strides in expanding and improving family planning services to meet women’s needs.

**Unmet need is high in both urban and rural areas**



**What are some of the characteristics of women with unmet need in Benin?**

*Residence.* When unmet need is so high, there is a demand for services throughout society. For example, there is a significant need to expand and improve family planning services in both urban and rural areas. Interestingly, unmet need is somewhat higher in urban areas (30%) than in rural areas (26%), and is particularly high in Cotonou (38%).

*Age.* The relationship between unmet need and age depends on whether the need is for family planning to space or to limit births. The unmet need to space births is high among the younger age groups (15–29) and much lower among women in their 30s and 40s. By contrast, the unmet need for limiting is low among younger women and high among women ages 35 and older. This suggests that there are considerable opportunities to expand services by promoting

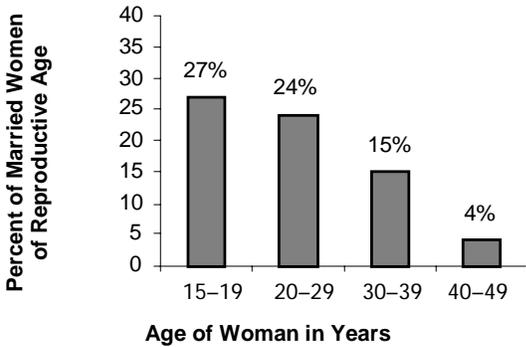
methods to space births among younger women and promoting methods for limiting among older women.

*Region.* It is clear that unmet need is high across the country. Unmet need is highest in Cotonou and the rest of Atlantique and lowest in Mono and the northern regions of Atacora and Borgou.

*Education.* Unmet need appears to be high among women of all educational backgrounds. Women who have attained four years of secondary education or more and want to space births have a lower unmet need than other women, but only a small proportion of women achieve this level of education in Benin.

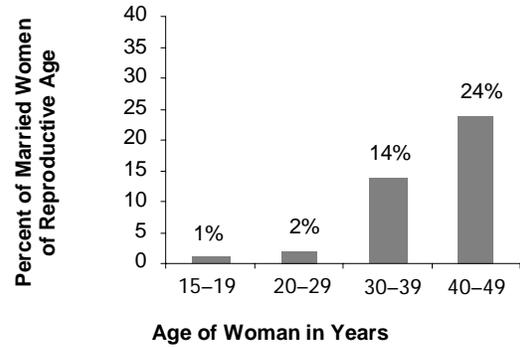
**Unmet need to space births is highest among younger women**

**Unmet Need for Space Births by Age of Women**



**Unmet need to limit births is highest among older women**

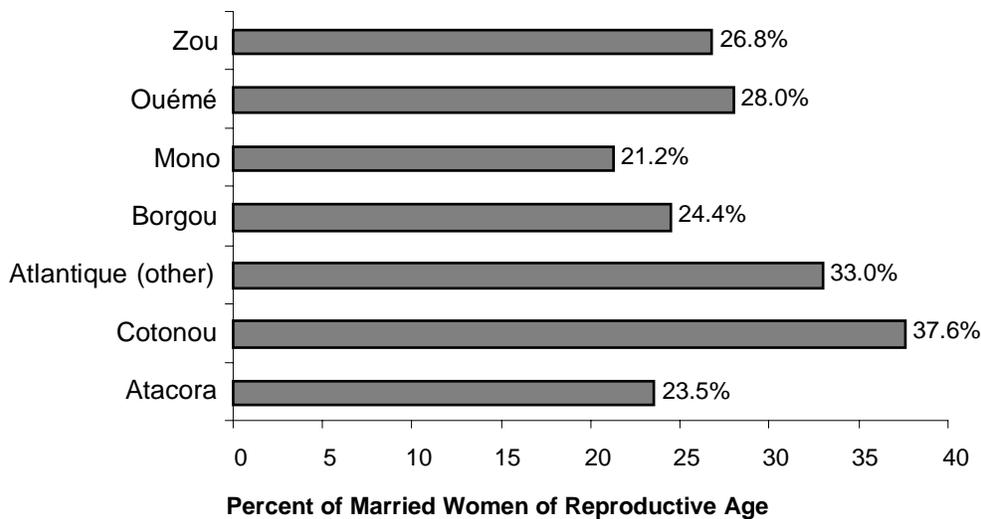
**Unmet Need To Limit Births by Age of Women**

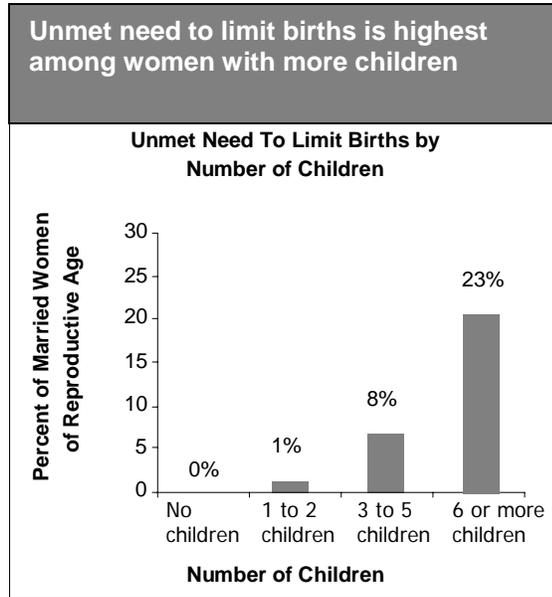
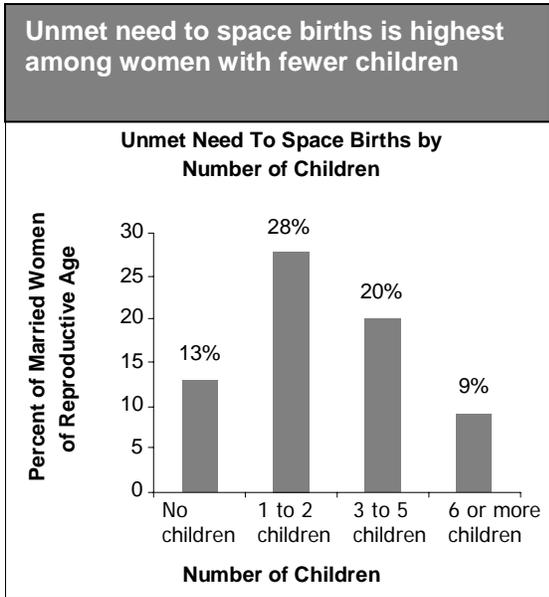


*Household wealth.* EDSB responses can be used to divide households into wealth classifications: highest, second, middle, fourth, and lowest. This does not mean that households in the “highest” group are wealthy, but rather that they have access to relatively more resources than the other households in the sample. In Benin, however, household wealth does not have a strong association with unmet need for family planning services. Women in households with access to more resources have nearly as much unmet need as women in poorer households.

**Unmet need is high throughout the country**

**Unmet Need for Family Planning Services by Region**



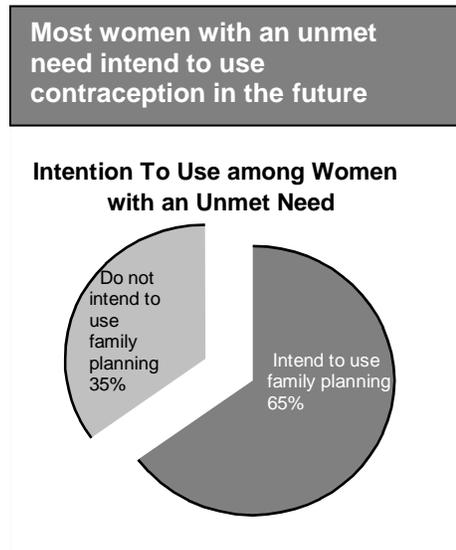


**Spacing Graph should have 23% for 1-2 children instead of 28%**

*Previous number of children.* For women with an unmet need for spacing, unmet need is highest among women who already have one to five children. About 23 percent of married women with one or two children and 20 percent of women with three to five children have a demonstrated unmet need for services. For those with an unmet need for limiting, the greatest need is, as one would expect, among women who already have a higher number of children. About 23 percent of women with six or more children have an unmet need for limiting.

**Unmet need and intention to use contraception in the future**

EDSB asks respondents, including women with unmet need, whether they intend to use contraception in the future. It would seem logical that a large proportion of women with an unmet need for family planning services would intend to use contraception at some time in the future. In fact, about two out of every three women with an unmet need for family planning report that they intend to use some form of contraception in the future. About 68 percent of women with an unmet need for spacing and about 61 percent of women with an unmet need for limiting indicated their intention to use family planning.



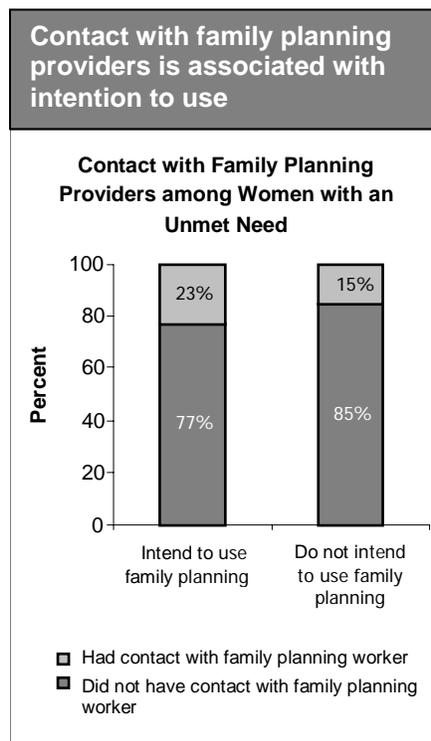
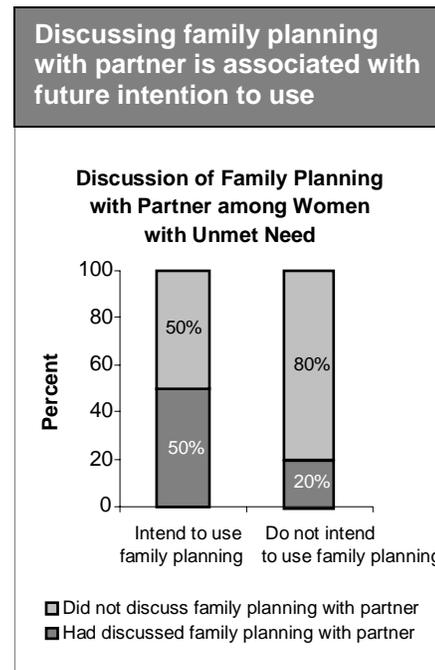
**Previous family planning use, knowledge, communications, and associations with intention to use**

*Previous use of family planning.* Previous use of family planning was associated with intention to use among spacers but not limiters. For example, 20 percent of those with an unmet need for spacing who intend to use in the future had previously used a modern method of family planning, while 11 percent of those who reported that they did not intend to use family planning in the future had used a modern method in the past. Among limiters, however, previous use of modern

family planning did not seem to make a difference as to whether women intended to use in the future or not.

*Discussion of family planning with partner.* Whether a woman has discussed family planning with her partner is associated with her future intentions. More than 50 percent of those women with an unmet need who intend to use in the future had discussed family planning with their partners; in comparison, just 20 percent among those who do not intend to use had had similar discussions with their partners.

*Exposure to media messages.* Interestingly, the percentage that heard or saw family planning messages on the radio or television or in the newspapers was not strongly associated with the intention of women with unmet need to use family planning in the future. If family planning messages in the media were to become more common, it is possible that the association with future intention to use would become stronger.



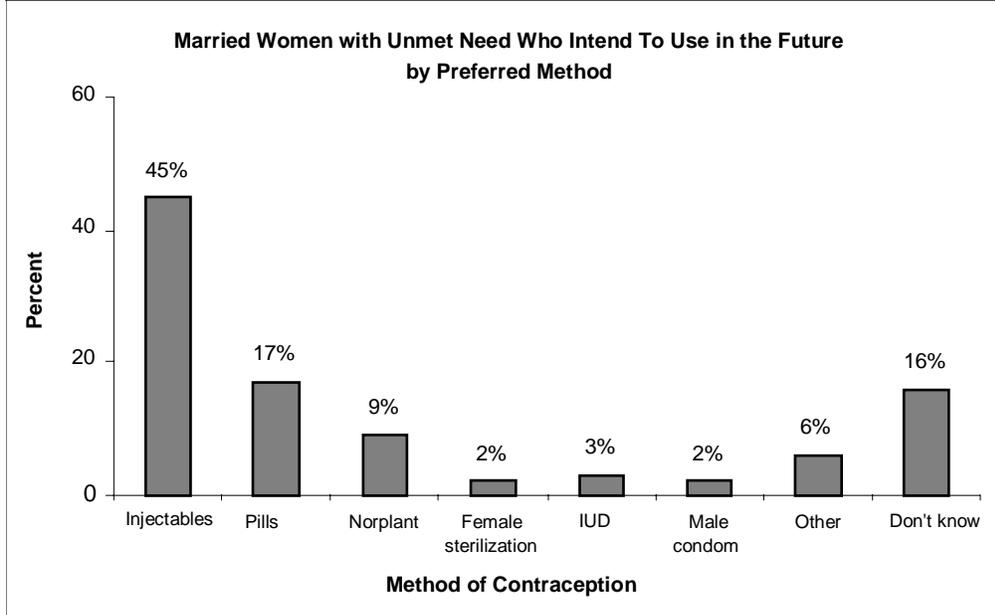
*Contact with family planning workers.* Contact with family planning workers had some association with intention to use. About 23 percent of women with unmet need who intend to use in the future had heard about family planning at a health facility or received a visit from a family planning worker in the 12 months prior to the survey. In comparison, 15 percent of women with unmet need who do not intend to use in the future had comparable contact with a family planning worker. The low percentage of non-users who have ever had contact with a family planning worker is striking.

**Preferred contraceptive methods among women with an unmet need for family planning who intend to use in the future**

Program managers can design more effective interventions when they know the preferred methods of those women with an unmet need for services who intend to use contraception in the future. The preferred future methods are the same for both spacers and limiters. Overall, among women with an unmet need who intend to use in the future, 45 percent prefer injectables, 17 percent intend to use pills, and 9 percent want

Norplant. Another 16 percent did not identify a preferred future method, and the remaining women indicated a variety of other methods.

## Injectables, pills, and Norplant are the preferred methods for future use

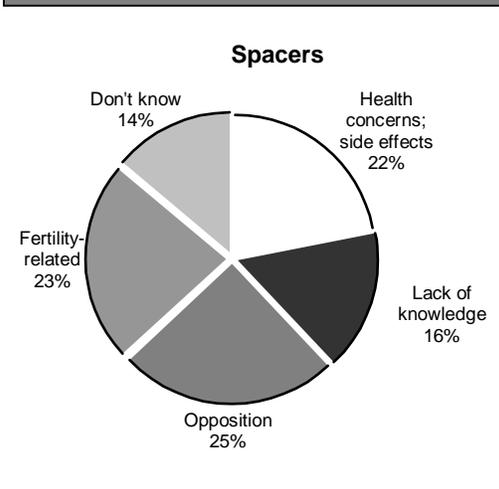


### Reasons for non-use among women with an unmet need who do not plan to use family planning in the future

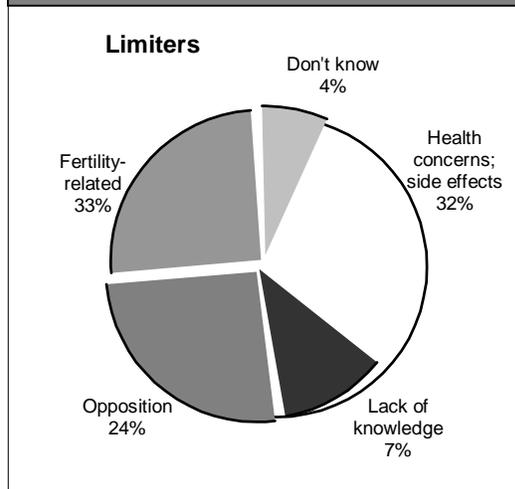
About one of every three women with an unmet need for family planning does not intend to use contraception in the future. Program managers need to know the reasons that deter these women from use. In Benin, the reasons varied. Among women with an unmet need for family planning for spacing who do not intend to use in the future, 25 percent report religious, cultural, family, or personal opposition. About 23 percent report fertility-related reasons, most often infrequency of sex or concern about interference with future childbearing. Another 22 percent report method-related reasons, primarily health concerns or the fear of side effects, as the reason they do not plan to use family planning in the future, while 16 percent don't know a method or don't know a source for family planning. Spacers who are concerned about future childbearing need to know the impact of different methods on their ability to bear children.

Among those women who would like to limit births but who do not intend to use family planning in the future, more than 30 percent cite method-related reasons, most notably health concerns and the fear of side effects. Another 33 percent of women in the limiting classification do not intend to use family planning because they are no longer capable of bearing children or find it extremely difficult to become pregnant. The high level of concern about health-related issues and side effects suggests that family planning providers need to provide more information on the safety and risks of different methods and need to offer potential users with a range of alternatives.

Women with an unmet need for spacing who don't intend to use in the future cite a variety of reasons



Women with an unmet need for limiting who do not intend to use in the future most often report worries over side effects and health



### Summary

Some key points emerge from this brief survey. First, there is a very high level of unmet need for family planning services in Benin. Expanding and improving family planning services would help respond to the expressed desires of women in Benin and would be good public policy.

Second, failing to respond to unmet need has serious consequences. By addressing unmet need, countries can improve the health of mothers and their children and families, provide couples with the ways and means to decide the size and spacing of their families, and contribute to the overall social and economic development effort. Conversely, the failure to address unmet need would forfeit these advantages.

Third, considerable information exists about the characteristics, intentions, and preferences of women with an unmet need for family planning services. These characteristics will differ from country to country, and it is important that program implementers look at their own situations. Policymakers and program managers need to use available information to develop appropriate policies, strategies and programs that will improve services and remove obstacles to family planning use by women with a demonstrated unmet need. It is important to the country that they do so.

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