



POLICY Project Briefing Paper

Perspectives on Unmet Need for Family Planning in West Africa: Guinea

Conference on Repositioning Family Planning in West Africa

February 15–18, 2005
Accra, Ghana

The conference was hosted by the government of Ghana. It was organized by the United States Agency for International Development, Advance Africa, Action for West Africa Region Reproductive Health and Child Survival (AWARE–RH) Project, World Health Organization, and the POLICY Project. For more information, please contact policyinfo@futuresgroup.com

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.¹ 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 Guinea.

What is unmet need for family planning?

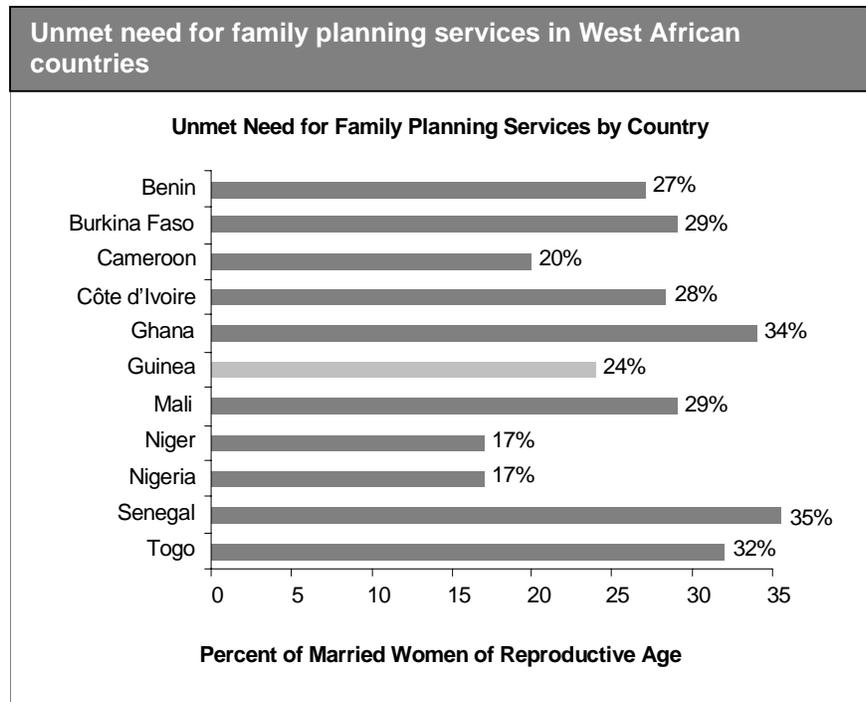
According to the DHS definition used in this series of briefs, a woman has an unmet need for contraception if she is fecund, sexually active, not using any contraceptive methods, and does not want a child for at least two years (“spacers”) or wants no more children (“limiters”). This definition produces 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

¹ 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 assuring 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.

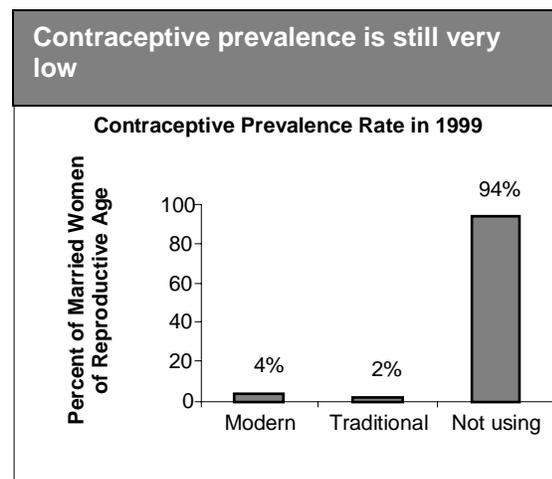
One of the important lessons of the reproductive revolution is that successful family planning programs can be developed and expanded even in challenging social and economic environments. Once the consequences of high levels of unmet family planning need for health and development are well understood 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?

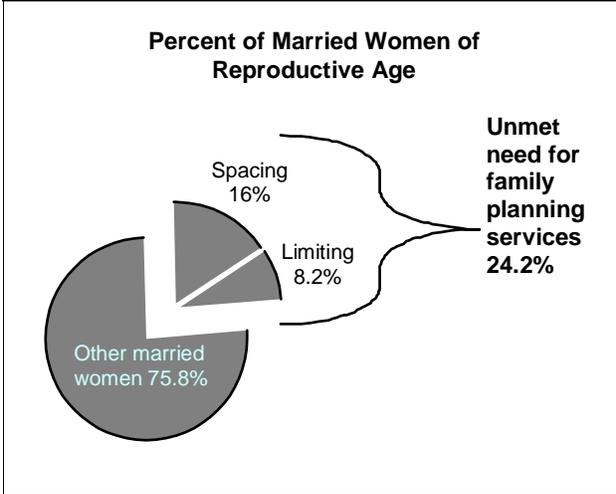
West Africa has lagged well behind the reproductive revolution. Modern contraceptive prevalence is low for most of the region, except for Cape Verde. The highest modern contraceptive prevalence rate is in Ghana at 19 percent. This is well ahead of the rest of the region but low compared to other regions. 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 Guinea

Guinea has had two demographic and health surveys (Enquêtes Démographiques et de Santé [EDSG]), in 1992 and 1999. The fertility rate, or the average number of children per woman, was about the same in both surveys: 5.7 in 1992 and 5.5 in 1999. Modern contraceptive use is very low; only about 4 percent of married women of reproductive age use a modern method.



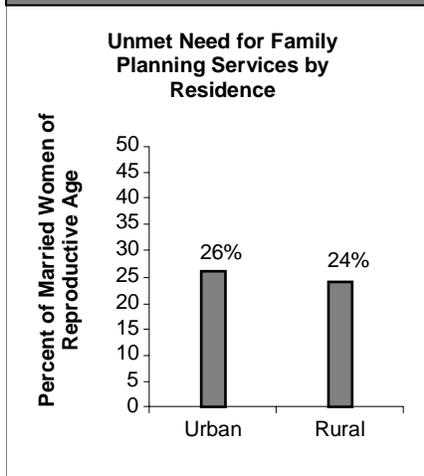
Guinea has a very high level of unmet need for family planning



Guinea has a very high level of unmet need for family planning. EDSG 1999 reports that more than 24 percent of married women of reproductive age can be classified as having an unmet need for family planning services. “Spacers” are more common than “limiters.” About 16 percent of women of reproductive age in union would like to space their next birth for at least two years, while 8 percent would prefer not to have any more children. If Guinea were able to identify the characteristics, preferences, and intentions of these women more accurately, it could make significant strides in expanding and improving family planning services to meet their needs.

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

Unmet need is high in both urban and rural areas

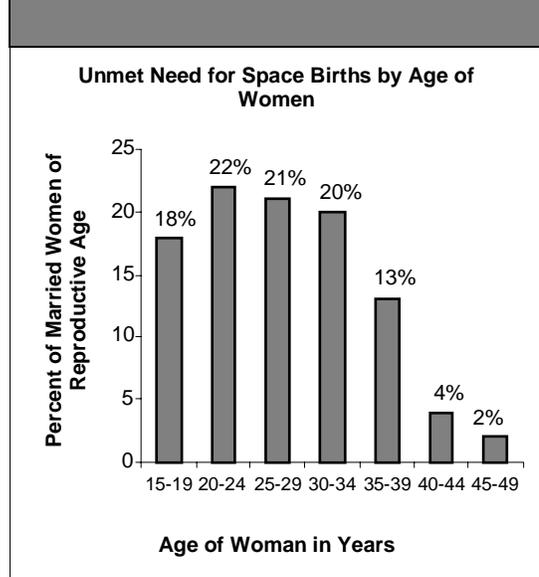


Residence. When unmet need is so high, there is a demand for services throughout society. For example, there is a significant need to expand and improve family planning services in both urban and rural areas. Unmet need is 26 percent in urban areas and a comparable 24 percent in rural parts of the country. In Guinea, contraceptive prevalence is so low that not much of the unmet need in the cities has yet been satisfied. There is little difference in unmet need between urban areas and the countryside.

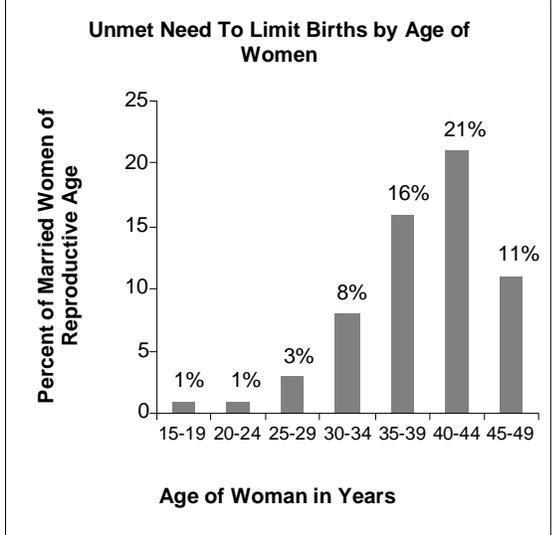
Age. The relationship between unmet need and age depends on

whether the need is for family planning to space or to limit births. The unmet need to space births is very high among women ages 15–34 and much lower among women in their late 30s and 40s. By contrast, the unmet need for limiting is low among younger women and higher among women ages 35 and older. This suggests that there are considerable opportunities to meet family planning needs by promoting methods to space births among younger women and promoting methods for limiting among older women.

Unmet need to space births is highest among younger women



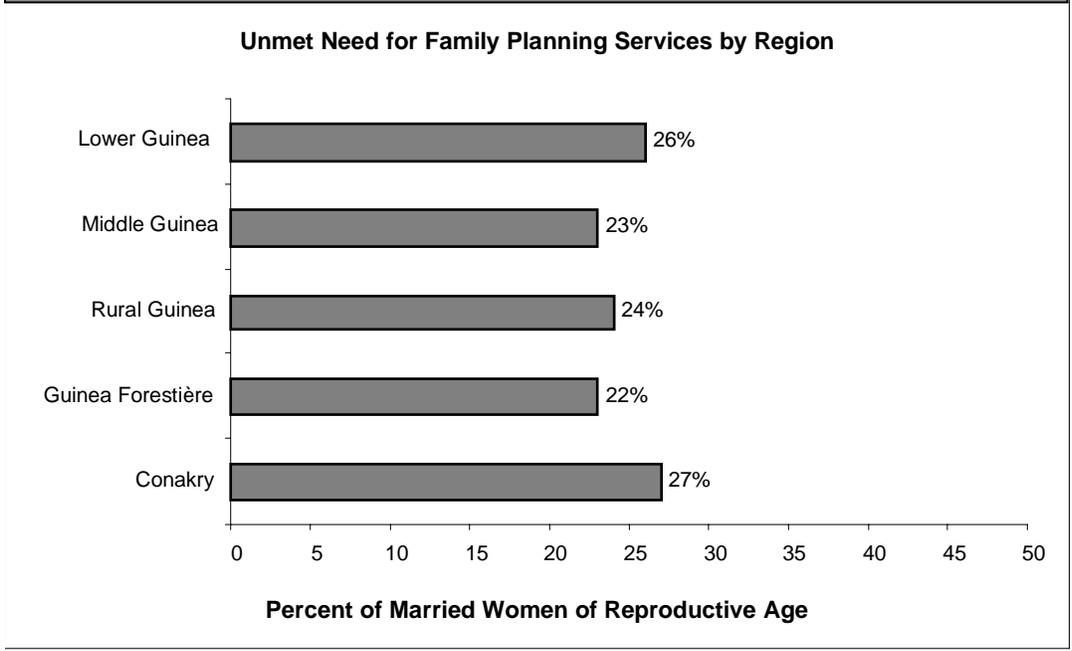
Unmet need to limit births is highest among older women



Region. It is clear that unmet need is high across the country, including Conakry, with no important regional differences.

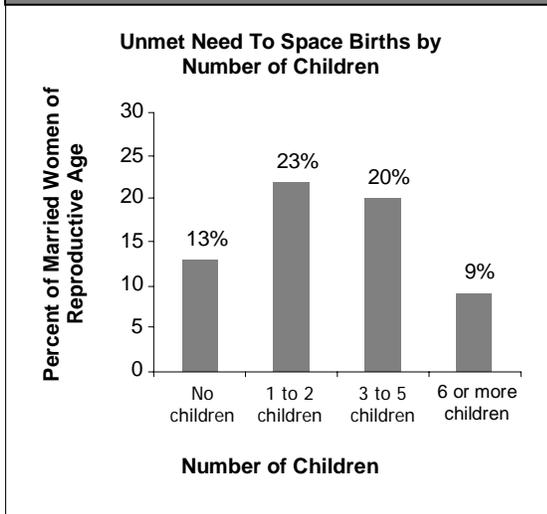
Education and household wealth. Educational background is not strongly associated with unmet need except among the small number of women with higher education. EDSG data can be used to divide household into wealth classifications: highest, second, middle, fourth, and lowest. This does not mean that households in the “highest” group are wealthy, but rather that they have access to relatively more resources than the other households in the sample. In Guinea, however, no particular relationship exists between household wealth and the need for family planning services.

Unmet need is high throughout the country

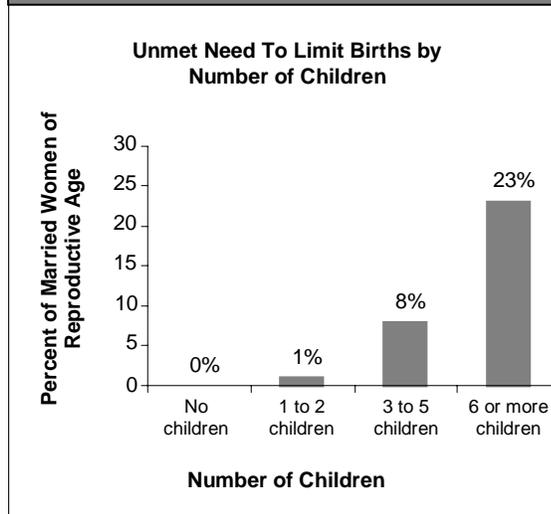


Previous number of children. For women with an unmet need for spacing, unmet need is highest among women who already have one to five children. About 23 percent of married women with one or two children and 20 percent of women with three to five children have a demonstrated unmet need for services. For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

Unmet need to space births is highest among women with fewer children



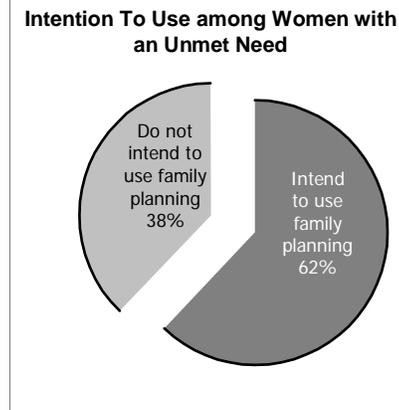
Unmet need to limit births is highest among women with more children



Unmet need and intention to use contraception in the future

EDSG asks respondents, including women with unmet need, whether they intend to use contraception in the future or not. 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, more than three out of every five women with an unmet need for family planning report that they intend to use some form of contraception in the future. About 57 percent of women with an unmet need for spacing and about 71 percent of women with an unmet need for limiting indicate their intention to use family planning. The proportion of spacers who say they intend to use in the future is relatively low for the region.

Most women with an unmet need intend to use contraception in the future

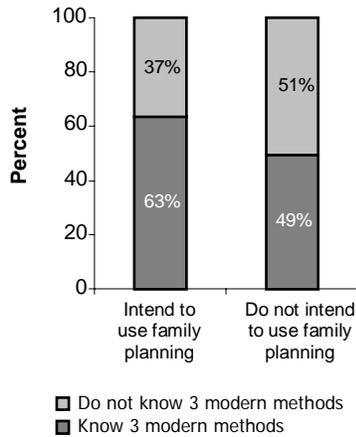


Previous family planning use, knowledge, communications, and associations with intention to use family planning

Previous use of family planning. Previous use of family planning was a good indicator among spacers but not limiters. For example, 17 percent of those with an unmet need for spacing who intend to use in the future had previously used some method of family planning, while 4 percent of those who reported that they did not intend to use family planning in the future had previously used contraception. Among limiters, however, previous use of family planning did not seem to make a difference as to whether women intended to use in the future or not.

Knowledge about modern contraceptive methods is associated with future intention to use

Knowledge about Modern Contraception among Women with an Unmet Need

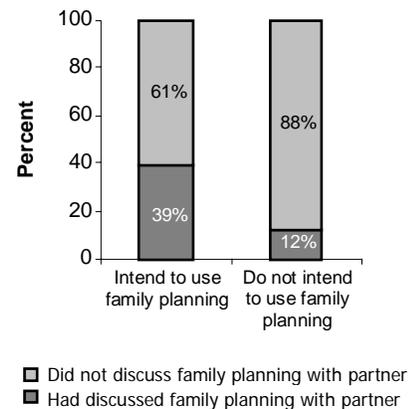


Knowledge about modern methods. Knowledge about family planning methods also had an association with future intention to use. About 63 percent of women with an unmet need who intend to use in the future know at least three modern methods of family planning; in contrast, 49 percent of women do not intend to use are familiar with at least three modern methods

Discussion of family planning with partners. Whether a woman has discussed family planning with her partner is associated with her future intentions. About 39 percent of those women with an unmet need who intend to use in the future had discussed family planning with their partners. In comparison,

Discussing family planning with partner is associated with future intention to use

Discussion of Family Planning with Partner among Women with an Unmet Need

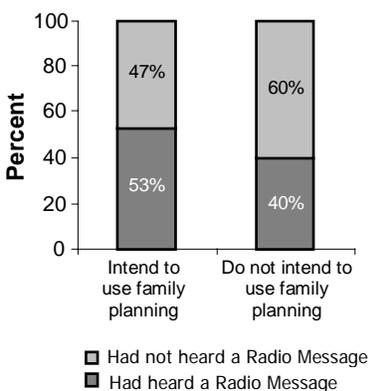


only 12 percent of those women with an unmet need who do not intend to use had discussed the subject with their partners.

Exposure to radio messages. Exposure to family planning

Exposure to family planning radio messages is associated with future intention to use

Exposure to Radio Messages on Family Planning among Women with an Unmet Need



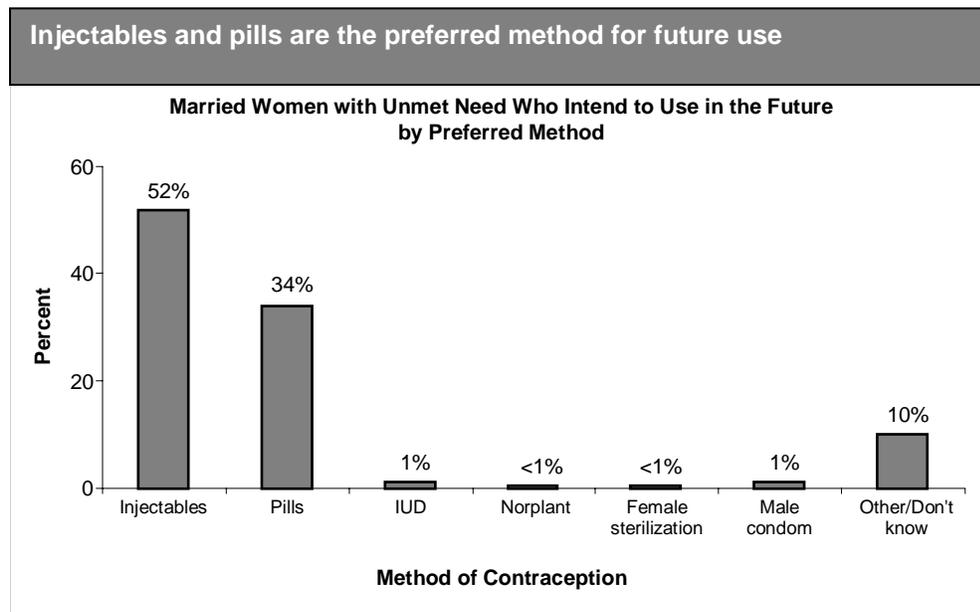
messages on the radio or television had some association with the intention of women with unmet need to use family planning in the future. About 53 percent of women with an unmet need who stated their intention to use in the future had heard a family planning message on the radio in recent months; by contrast, about 40 percent of those who do not plan to use had heard a radio message. About 24 percent of those with an intention to use had seen a recent family planning message on television, while 12 percent of those who do not intend to use had seen a similar television message.

Previous use of maternal health services. In Guinea, previous use of maternal health services had an association with intent to use family planning in the future. For example, 83 percent of women with a reported need for family planning who intend to use in the future had received antenatal care for their last pregnancy. By contrast, 66 percent of those with unmet need who said they don't intend to use in the future

had received antenatal care. This suggests that antenatal care and post-delivery follow-up is an opportunity to provide family planning services to women with an expressed unmet need.

Contact with family planning workers. In Guinea, 17 percent of women with an unmet need who intend to use in the future 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. However, only 11 percent of those women who do not intend to use had similar contact. The low percentage of non-users who ever have 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

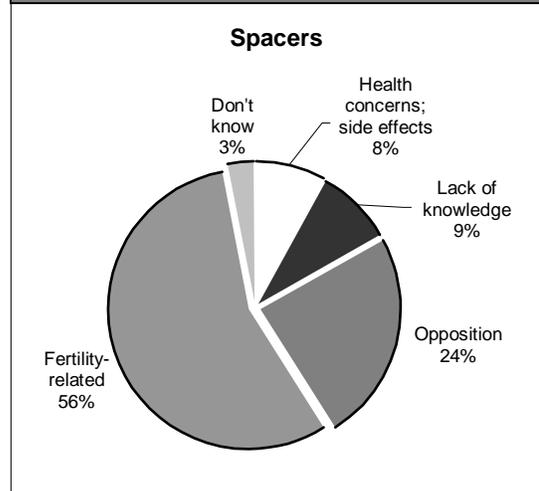


Program managers can design more effective programs when they know the preferred methods of those women with an unmet need for services that intend to use contraception in the future. The preferred future methods are the same for both spacers and limiters. Overall, among women with an unmet need who intend to use in the future, 52 percent prefer injectables and 34 percent intend to use pills. Norplant often ranks third on the list in other countries but is virtually unknown in Guinea.

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

About two out of every five women with an unmet need for family planning do not intend to use in the future, and program managers need to know the reasons why. Among women with an unmet need for family planning for spacing purposes who do not intend to use in the future, the pattern is different than that found in some of the other countries in the region. About 56 percent cite fertility concerns, especially a desire for more children. This high level indicates a concern that

Women with an unmet need for spacing who do not intend to use in the future are especially concerned with fertility-related reasons



family planning use can threaten future childbearing, an issue that will need to be addressed by program implementers. Nearly 24 percent of women who do not intend to use report religious, cultural, family, or personal opposition as the main reason. Only 8 percent indicate method-related issues, primarily health concerns or the fear of side effects, as the reason they do not plan to use family planning in the future.

Among those women who would like to limit births but who do not intend to use family planning in the future, about 39 percent cite religious, cultural, family, or personal opposition. Another 26 percent of women in the limiting classification do not intend to use family planning because of concern about health-related issues and side effects, suggesting that family planning providers need to provide more information on the safety and risks of different methods.

Summary

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

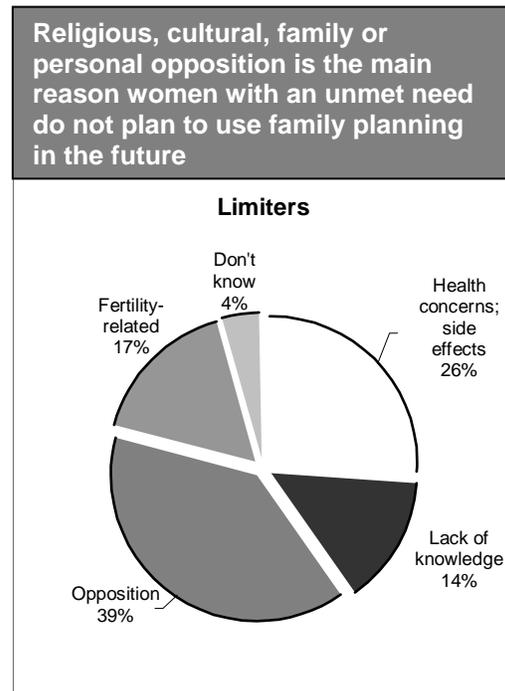
Second, failing to respond to unmet need has serious consequences. By addressing unmet need, countries can improve the health of mothers and their children and families, provide couples with the ways and means to decide the size and spacing of their families, and contribute to the overall social and 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. Guinean 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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