



POLICY Project Briefing Paper

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

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.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 Mali.

What is unmet need for family planning?

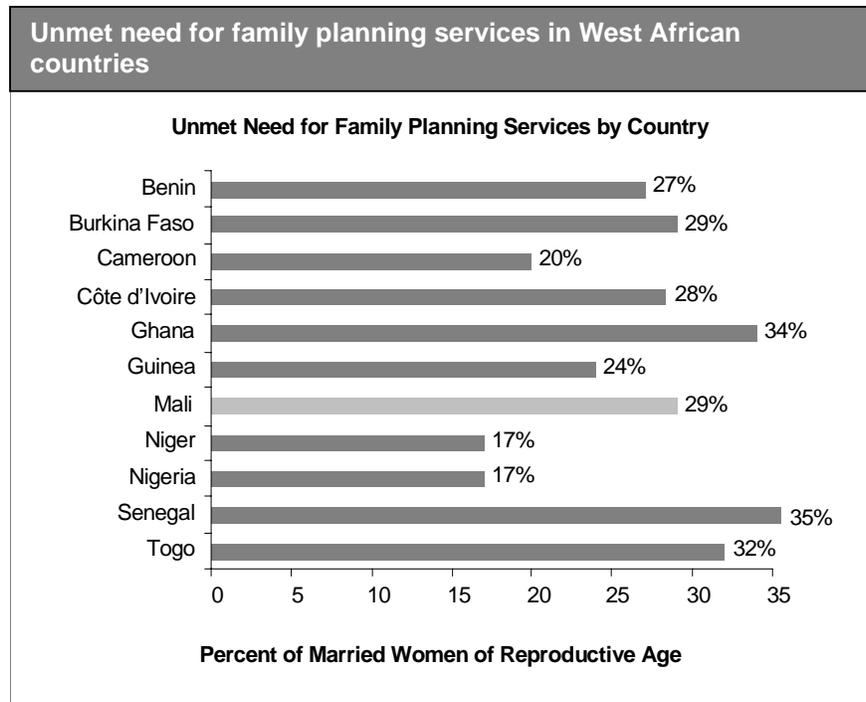
According to the DHS definition used in this series of briefs, a woman has an unmet need for contraception if she is fecund, sexually active, not using any contraceptive methods, and does not want a child for at least two years (“spacers”) or wants no more children (“limiters”). This definition produces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

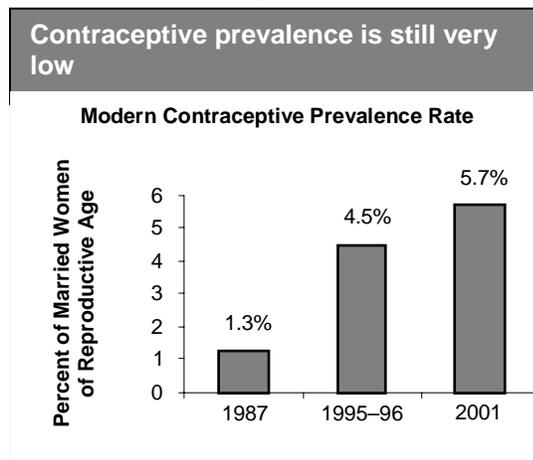
Despite these changes, some countries have lagged behind the reproductive revolution. In these countries, fertility remains high and contraceptive use is still low. It is in these countries that we find the highest levels of unmet need for family planning. And the urgency of rapidly expanding family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

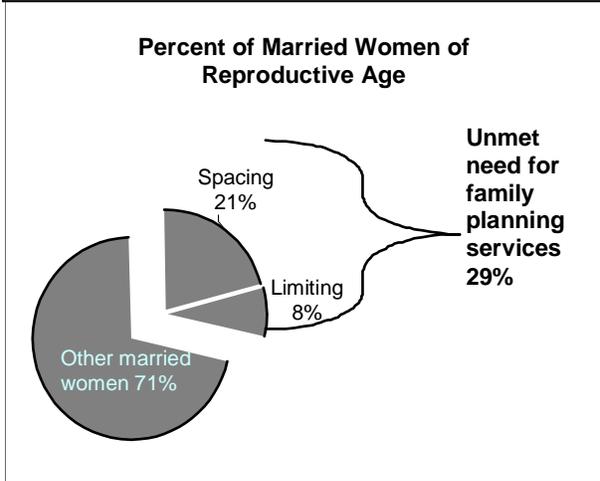
West Africa has lagged well behind the reproductive revolution. Modern contraceptive prevalence is low for most of the region, except for Cape Verde. The highest modern contraceptive prevalence rate is in Ghana at 19 percent. This is well ahead of the rest of the region but low compared to other regions.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



Mali has had three demographic and health surveys (Enquêtes Démographiques et de Santé [EDSM]), in 1987, 1995–96, and 2001. The fertility rate, or the average number of children per woman, did not change over that period of time. The reported fertility rate was 6.9 in the 1987 survey, 6.7 in 1995–96 and 6.8 in 2001. Modern contraceptive use among married women of reproductive age remained very low, rising only from 1.3 percent in 1987 to 4.5 percent in 1995–96 and to 5.7 percent in EDSM 2001.

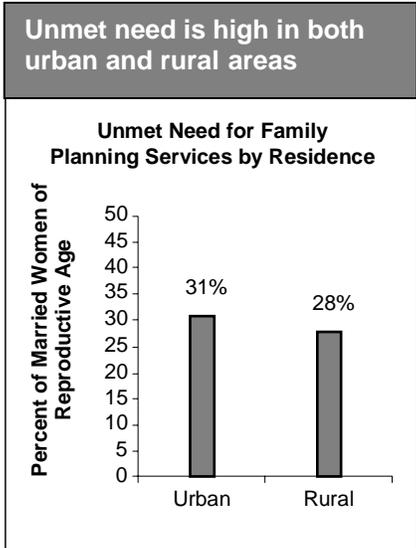
Mali has a very high level of unmet need for family planning



Mali has a very high level of unmet need for family planning. EDSM 2001 reports that nearly 29 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 21 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 Mali were able to identify better the characteristics, preferences, and intentions of these women, it could make significant strides in expanding and improving family planning services to meet their needs.

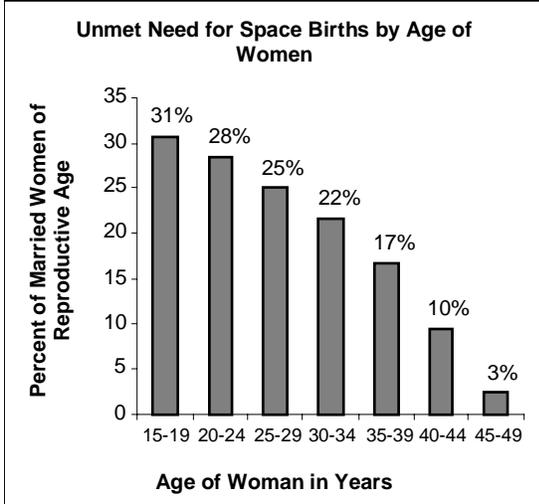
What are some of the characteristics of women with unmet need in Mali?

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 31 percent in urban areas and a comparable 28 percent in rural parts of the country. In Mali, contraceptive prevalence is so low that little of the unmet need in urban areas has yet been satisfied.

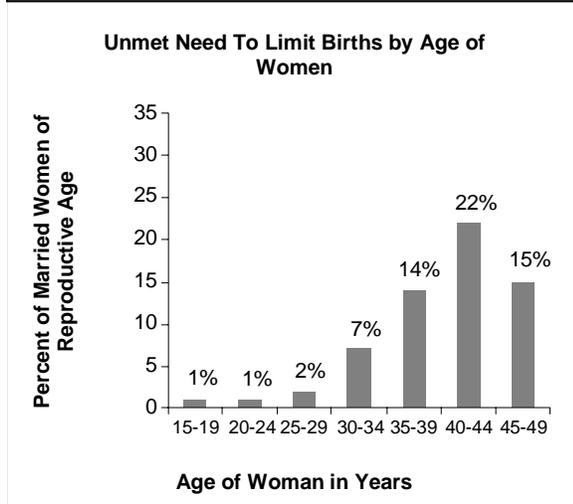


Age. The relationship between unmet need and age depends on whether the need is for family planning to space or to limit births. The unmet need to space

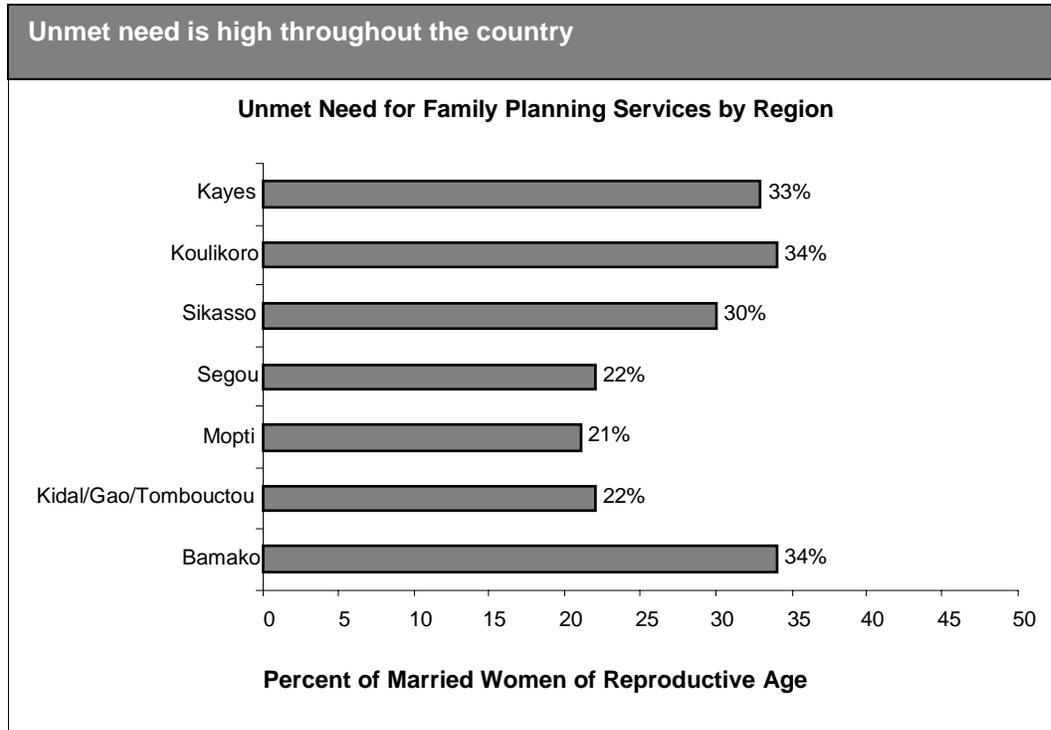
Unmet need to space births is highest among younger women



Unmet need to limit births is highest among older women



births is highest among women ages 15–34 and lower among women in their late 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 meet family planning needs by promoting methods to space births among younger women and promoting methods for limiting among older women.

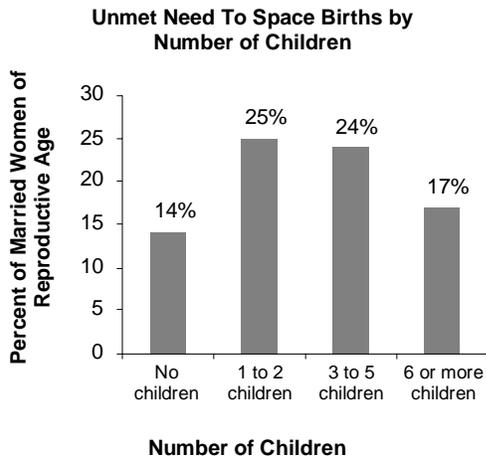


Region. It is clear that unmet need is high across the country with the highest levels in Kayes, Koulikoro, Sikasso, and Bamako. The level of unmet need in Bamako is high (34 percent) even though contraceptive use is greater there than in other parts of the country. The lowest levels are in Kidal/Gao/Tombouctou, Segou, and Mopti, the northern tier of the country.

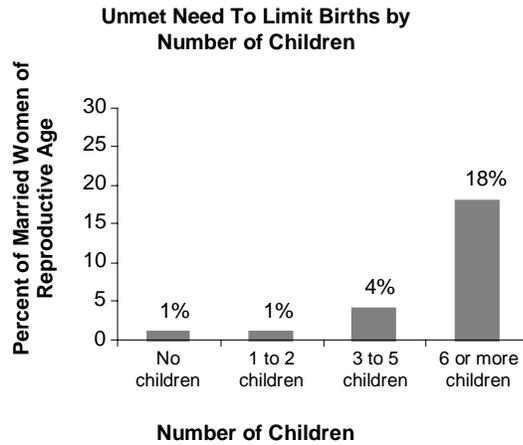
Education and household wealth. Educational background is not strongly associated with unmet need except for the small number of women with higher education. EDSM divides households into wealth classifications: highest, second, middle, fourth, and lowest. This does not mean that households in the “highest”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

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 25 percent of married women with one or two children and 24 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 higher numbers of children. About 18 percent of women with six or more children have an unmet need for limiting.

Unmet need to space births is highest among women with one to five children

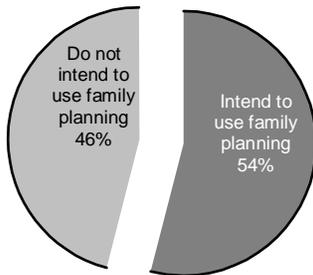


Unmet need to limit births is highest among women with more children



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

Intention To Use among Women with an Unmet Need



Unmet need and intention to use contraception in the future

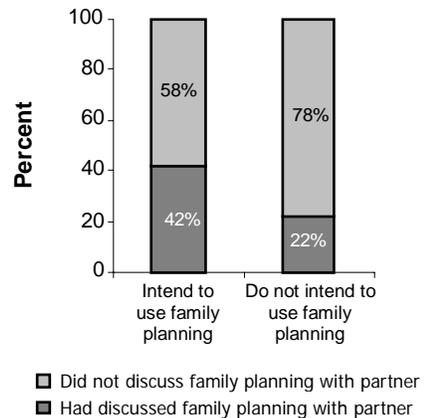
EDSM asks respondents, including women with unmet need, whether they intend to use contraception in the future or not. It would seem logical that a large proportion of women with an unmet need for family planning services would intend to use modern contraception at some time in the future. In Mali, more than half of women with an unmet need for family planning report that they intend to use some form of modern contraception in the future, according to EDSM 2001. About 56 percent of women with an unmet need for spacing and about 48 percent of women with an unmet need for limiting indicate their intention to use family planning.

Previous family planning use, knowledge, communications, and associations with intention to use *Previous use of family planning.* Intention to use, for example, can be linked to previous family planning use and communications. Previous use of family planning was a good indicator among spacers but less so for limiters. For example, 21 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, as opposed to 8 percent who had previously used a modern method but who do not intend to use family planning in the future.

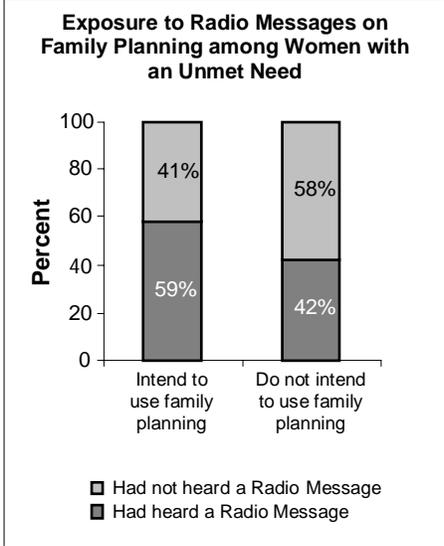
Discussion of family planning with partner. Whether a woman has discussed family planning with her partner is

Discussing family planning with partner influences future intention to use

Discussion of Family Planning with Partner among Women with Unmet Need



Women with an unmet need are more likely to use contraceptives in the future if they have heard a family planning message on the radio



associated with her future intentions. Nearly 42 percent of those women with an unmet need who intend to use in the future had discussed family planning with their partners. In contrast, 22 percent of those who do not intend to use in the future had previously discussed family planning with their partners.

Exposure to radio messages. The percentage that heard or saw family planning messages on the radio or television or in the newspapers had some association with the intention of women with unmet need to use family planning in the future. For example, among those women with an unmet need for family planning, 59 percent of those who intend to use in the future had heard a family planning message on the radio at sometime during the 12 months preceding the survey. In comparison, 42 percent of those who do not intend to use in the future had heard a similar radio message.

Contact with family planning workers. In Mali, 16 percent of women with unmet need who intend to use in the future had heard about family planning at a health facility or

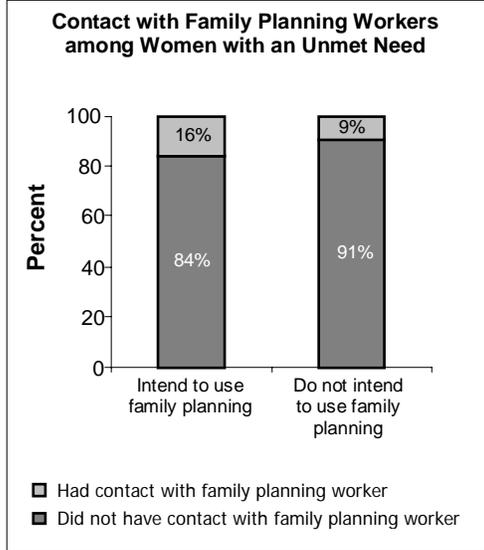
received a visit from a family planning worker in the 12 months prior to the survey, while only 9 percent of those women who do not intend to use in the future had contact with a family planning worker. What is most striking, however, is that nine out of ten non-users in Mali never have contact with a family planning worker.

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

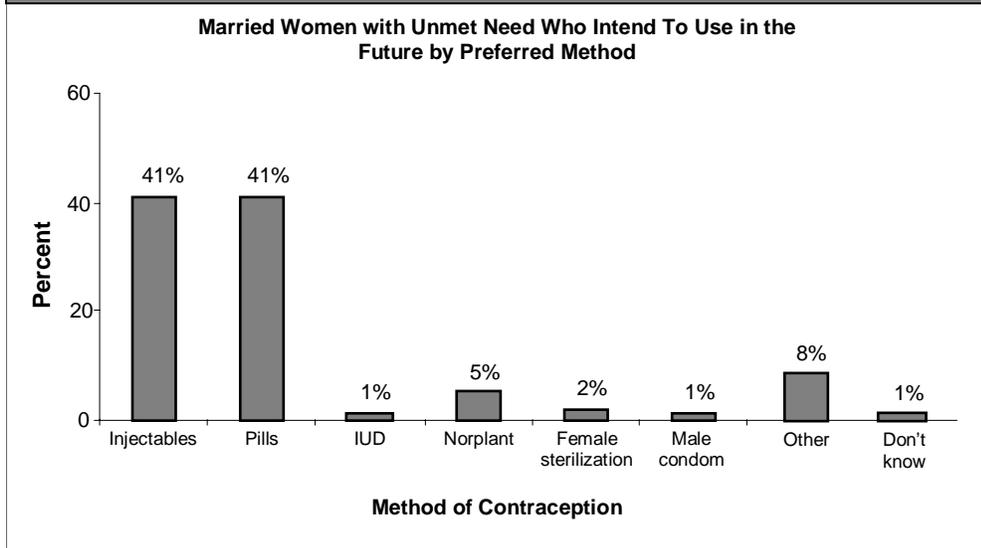
Program managers need to know the preferred methods of those women with an unmet need for services that intend to use contraception in the future and the reasons given by those who do not intend to use. The preferred future methods are the same for both spacers and limiters. Overall, among women with an unmet need who intend to use in the future, 41 percent prefer injectables, another 41 percent intend to use pills, and about 5 percent prefer Norplant.

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

Contact with family planning providers is associated with intention to use among women with an unmet need



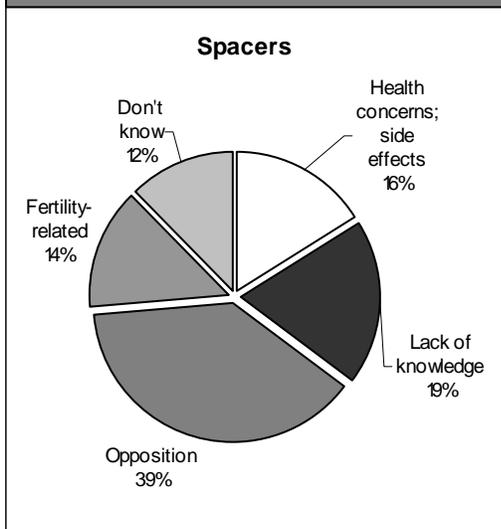
Injections, pills, and Norplant are the preferred methods for future use



About 46 percent of women with an unmet need for family planning do not intend to use in the future, a comparatively high level. The reasons are varied. Among women with an unmet need for family planning for spacing purposes who do not intend to use in the future, 38 percent report religious, cultural,

family, or personal opposition. Another 19 percent don't know a method or don't know a source for family planning. About 16 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.

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



About 14 percent report fertility-related reasons, most often concern about interference with future childbearing, while about 12 percent did not identify a reason why they did not intend to use family planning in the future.

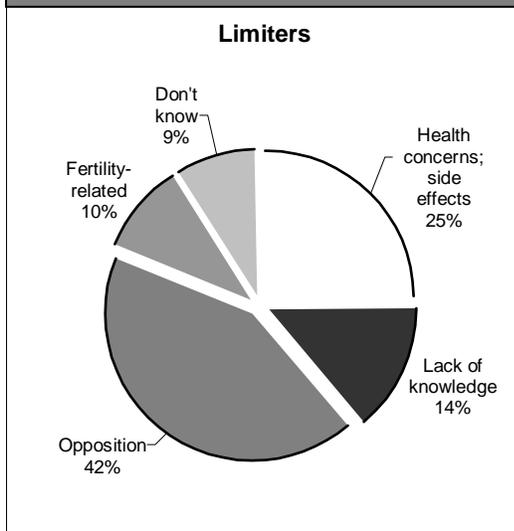
Among those women who would like to limit births but who do not intend to use family planning in the future, nearly 42 percent cite religious, cultural, family or personal opposition. Another 25 percent of women in the limiting classification do not intend to use family planning because of concern about 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 Mali. Expanding and improving family planning services would help respond to the expressed desires of Malian 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

Religious, cultural, family or personal opposition is the main reason women with an unmet need for limiting do not plan to use family planning in the future



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. Malian 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.

Selected Sources

Ashford, Lori. 2003. *Unmet Need for Family Planning: Recent Trends and Their Implications for Programs*. Washington, D.C.: Population Reference Bureau.

Cellule de Planification et de Statistique du Ministère de la Santé (CPS/MS), Direction Nationale de la Statistique et de l'Information (DNSI) [[Mali] and ORC Macro. 2002. *Enquête Démographique et de Santé au Mali 2001*. Calverton, MD: CPS/MS, DNSI and ORC Macro.

Coulibaly, Salif, Fatoumata Dicko, Seydou Moussa Traore, Ousmane Sidibe, Michka Seroussi, and Bernard Barrere. 1996. *Enquête Démographique et de Santé, Mali 1995–1996*. Calverton, MD: Cellule de Planification et de Statistique du Ministère de la Santé, Direction Nationale de la Statistique et de l'Information [Mali] and Macro International, Inc.

Global Health Council. 2002. *Promises To Keep: The Toll of Unintended Pregnancies on Women's Lives in the Developing World*. Washington, D.C.: Global Health Council.

Population Reference Bureau. 2004. *The Unfinished Agenda: Meeting the Need for Family Planning in Less Developed Countries*. Washington, D.C.: Population Reference Bureau.

Population Reference Bureau. 2004. *2004 World Population Data Sheet*. Washington, D.C.: Population Reference Bureau.

Rosen, James E. and Shanti R. Conly. 1998. *Africa's Population Challenge: Accelerating Progress in Reproductive Health*. Washington, D.C.: Population Action International.

Ross, John A. and William L. Winfrey. 2002. "Unmet Need for Contraception in the Developing World and the Former Soviet Union: An Updated Estimate." *International Family Planning Perspectives* 28 (3): 138–143.

Secondary analysis of *Enquête Démographique et de Santé au Mali 2001*. This database is available from ORC Macro, www.measuredhs.com