



## POLICY Project Briefing Paper

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

### **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 Senegal.

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

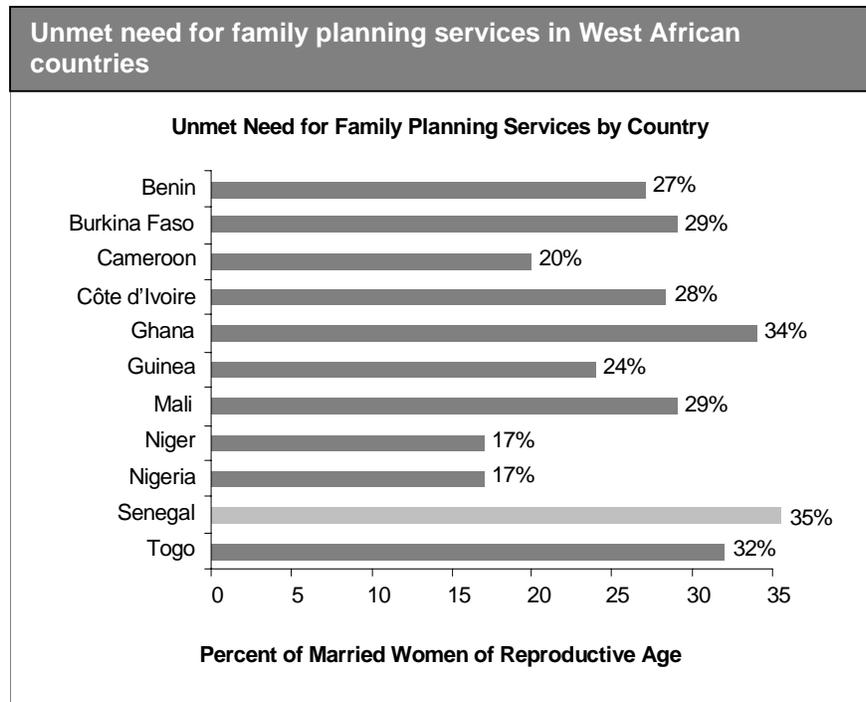
According to the DHS definition used in this series of briefs, a woman has an unmet need for contraception if she is fecund, sexually active, not using any contraceptive methods, and does not want a child for at least two years (“spacers”) or wants no more children (“limiters”). This definition produces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

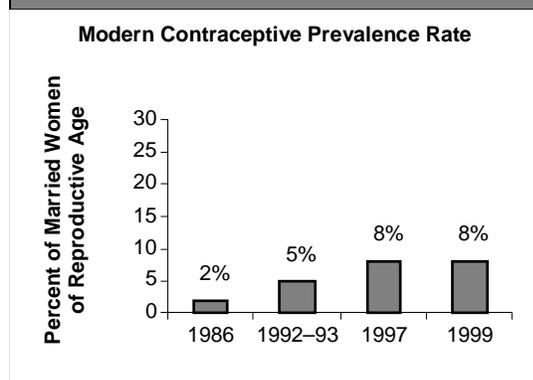
Despite these changes, some countries have lagged behind the reproductive revolution. In these countries, fertility remains high and contraceptive use is still low. It is in these countries that we find the highest levels of unmet need for family planning. And the urgency of rapidly expanding family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

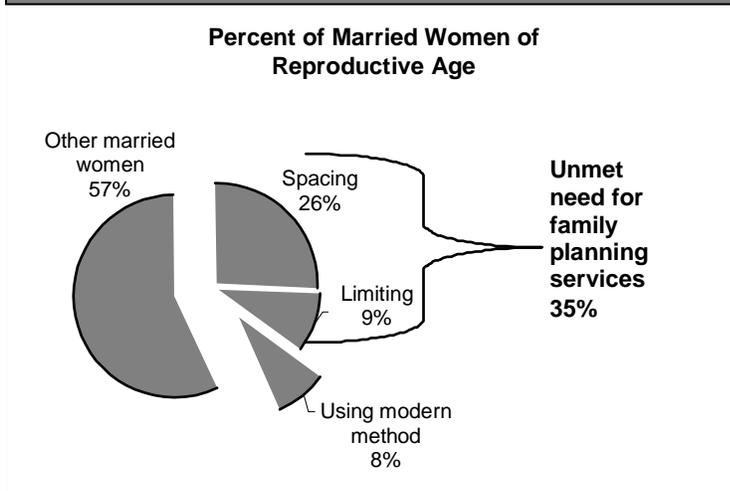
Modern contraceptive prevalence is still very low among married women of reproductive age



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

Senegal had three demographic and health surveys (Enquêtes Démographiques et de Santé [EDSS]), in 1986, 1992-93 and 1997. Fieldwork is now under way on a fourth EDSS, and new information on unmet need for family planning services will be available in 2005. Senegal also implemented the ESIS (l'Enquête Sénégalaise sur les Indicateurs de Santé [Senegalese Survey on Health Indicators]) in 1999. This is an additional source of information on fertility and family planning, but this survey did not ask questions on unmet need.

**Senegal has a high level of unmet need for family planning**



As reported in the different surveys, the fertility rate, or the average number of children per woman, dropped from 6.6 in 1986 to 6.0 in 1992–93, 5.7 in 1997, and 5.2 in 1999. At the same time, modern contraceptive use among married women of reproductive age remained very low, rising from 2 percent in 1986 to 5 percent in 1992–93, and 8 percent in both 1997 and 1999.

Senegal has one of the highest levels of unmet need for family planning services in the world. EDSS 1997 reports that about 35 percent of

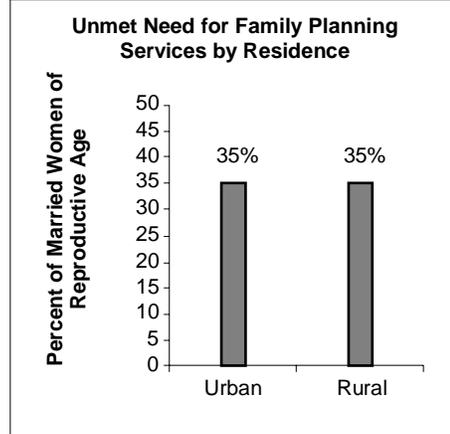
married women of reproductive age can be classified as having an unmet need. “Spacers” are more common than “limiters.” About 26 percent of married women of reproductive age would like to space their next birth for at least two years, while 9 percent would prefer not to have any more children. If Senegal 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 their needs.

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

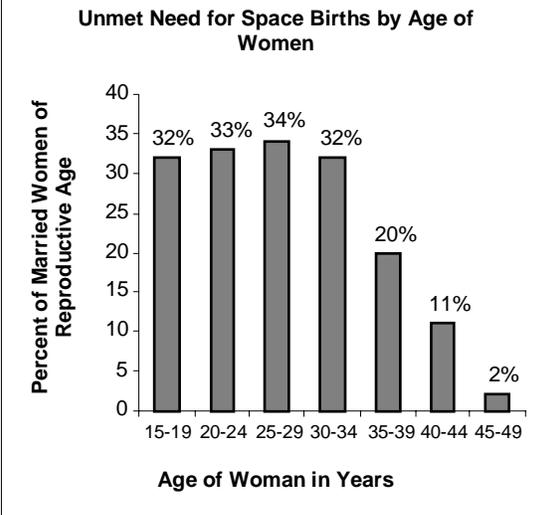
*Residence.* When unmet need is so high, there is a demand for services throughout society. For example, there is a need to expand and improve family planning services in both urban and rural areas. Unmet need is about 35 percent in the cities and the same in the countryside.

*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 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 address family planning needs by promoting methods to space births among younger women and promoting methods for limiting among older women.

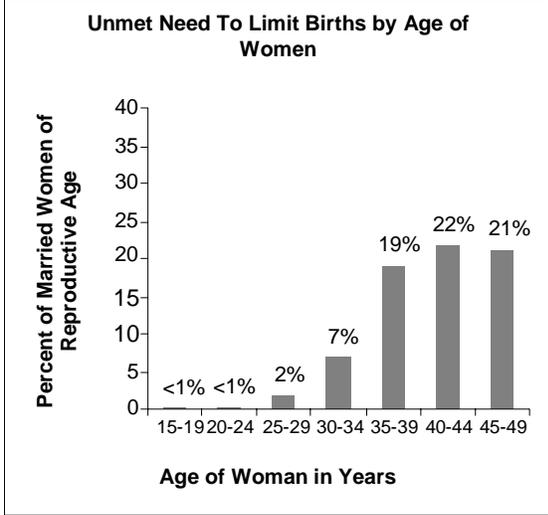
**Unmet need is high in both urban and rural areas**



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

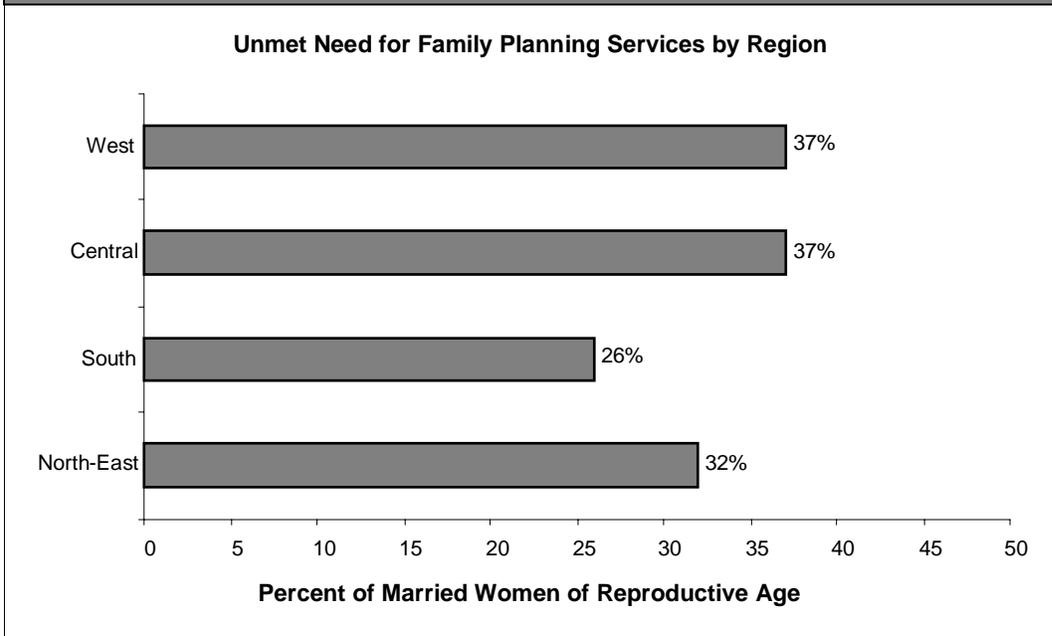


**Unmet need to limit births is highest among older women**



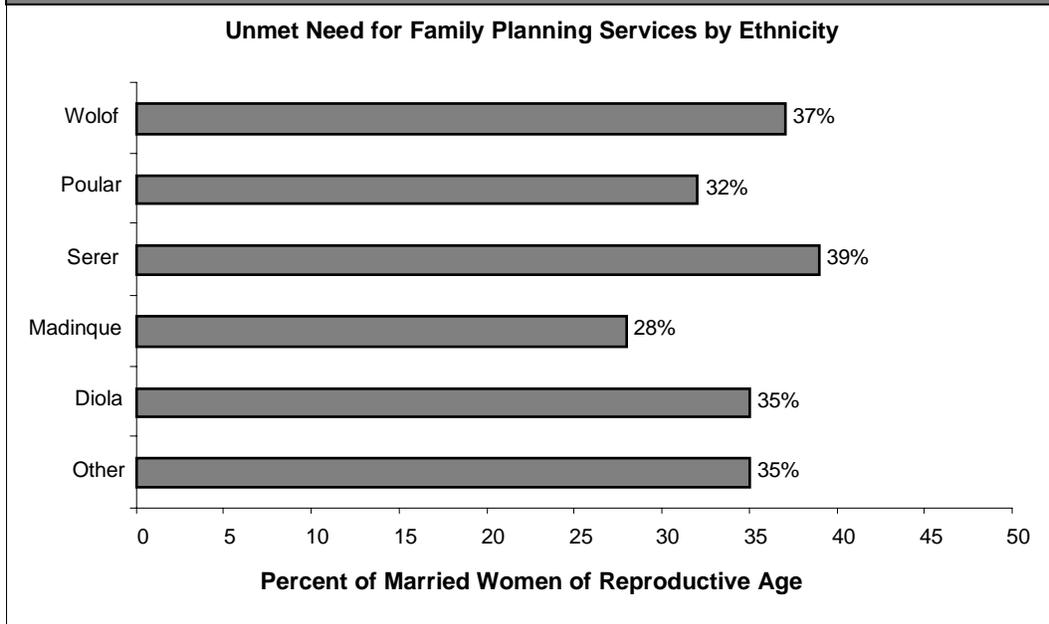
*Region.* Unmet need is high across the country. The highest level of unmet need is in the West (37%) and Central regions (37%). Unmet need is lowest in the South (26%).

**Unmet need is high throughout the country**



*Ethnicity.* EDSS makes it possible to look at unmet need by ethnic group. The survey shows that unmet need is high among all ethnic groups in Senegal.

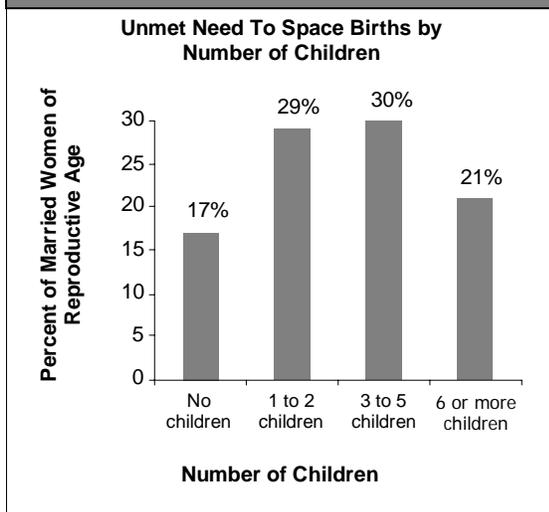
**Unmet need is high among all ethnic groups**



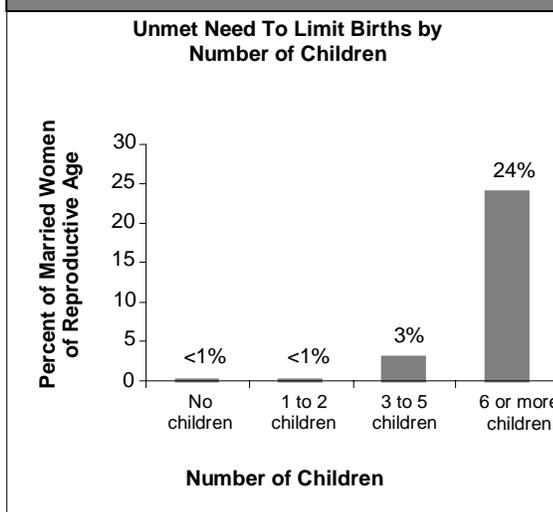
*Education.* Unmet need appears to be high among women of all educational backgrounds. Women who have attained 4 years of secondary education or more have a lower unmet need than other women, but only a small proportion of women achieve this level of education in Senegal.

*Household wealth.* EDSS responses can be used to divide households into wealth classifications: lowest, second, middle, fourth, and highest. 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 urban areas, women in the wealthiest households have less unmet need than women in poorer households. In rural areas, there is no relationship between household wealth and unmet need.

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



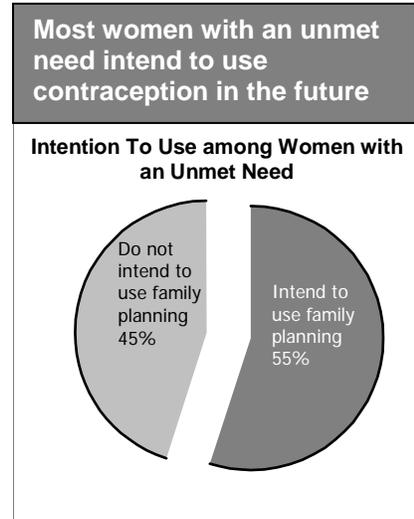
**Unmet need to limit births is highest among women with more children**



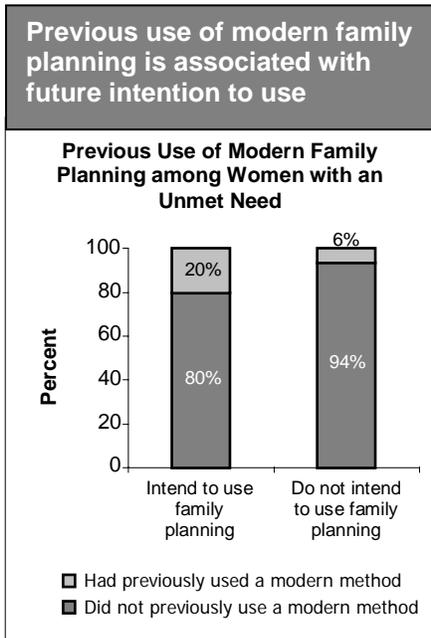
*Previous number of children.* For women with an unmet need for spacing, unmet need is highest among women who already have one to five children, though it is high at other ages as well. About 29 percent of married women with one or two children and 30 percent of women with three to five children have a demonstrated unmet need for services. For those with an unmet need for limiting, the greatest need is expectedly among women who already have a higher number of children. About 24 percent of women with six or more children have an unmet need for limiting.

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

EDSS 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, about 55 percent of women with an unmet need for family planning report that they intend to use some form of contraception in the future. About 56 percent of women with an unmet need for spacing and 52 percent of women with an unmet need for limiting indicate their intention to use family planning.



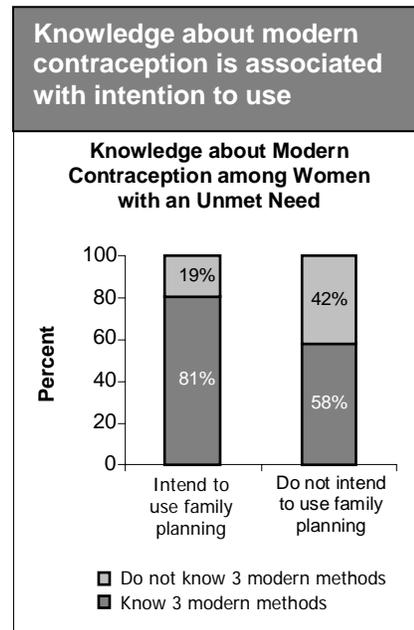
**Previous family planning use, knowledge, communications, and associations with intention to use**



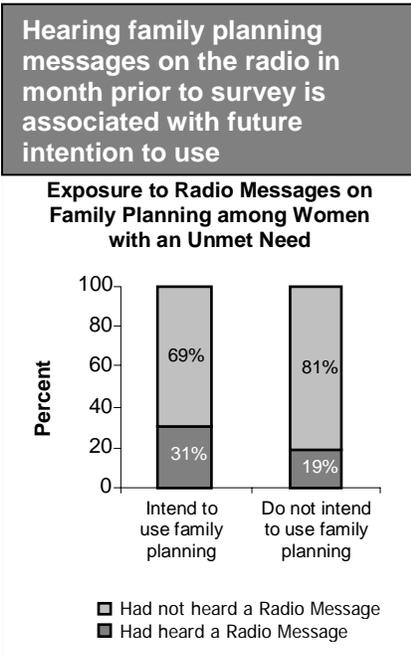
*Previous use of modern family planning.* Previous use of family planning among women with an unmet need for family planning services is associated with future intention to use. About 20 percent of those with an unmet need who intend to use in the future had previously used a modern method of family planning, but only 6 percent of those who reported that they did not intend to use family planning in the future had previously used a modern method.

*Knowledge about modern methods.* Knowledge about family planning methods had a noteworthy association

with future intention to use. About 81 percent of women with an unmet need who intend to use in the future knew at least three modern methods of family planning; by comparison, 58 percent of women who do not intend to use were familiar with at least three modern methods.

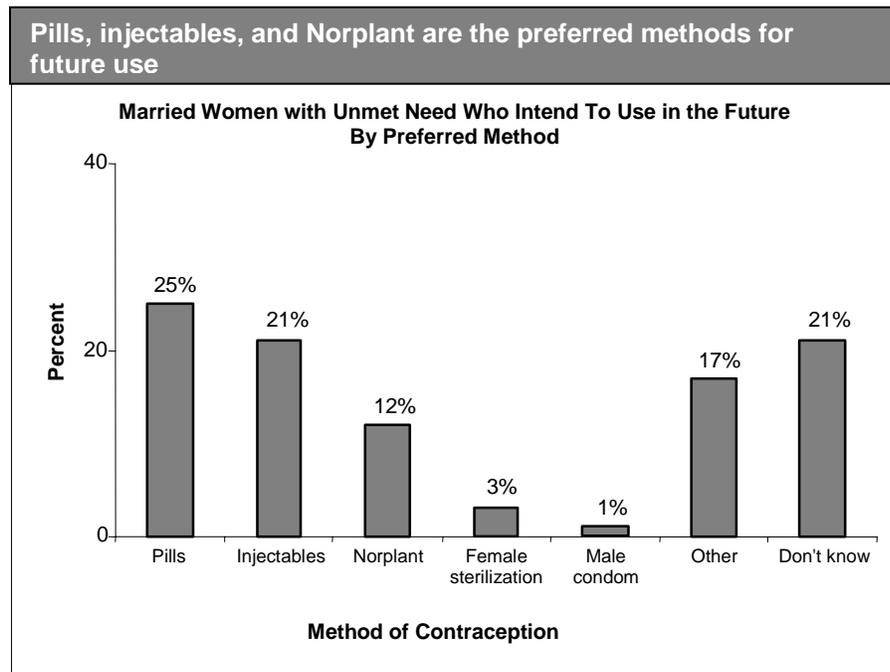


*Exposure to media messages.* The percentage that heard a family planning message on the radio during the month preceding the survey was associated with the intention of women with unmet need to use family planning in the future. More than 31 percent of those women with an unmet need who intend to use contraception in the future had heard a family planning message on the radio; in comparison, 19 percent of those who do not intend to use had heard a similar message.



**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 that intend to use contraception in the future. The most preferred future methods are the same for both spacers and limiters: pills (25%), injectables (21%), and Norplant (12%).

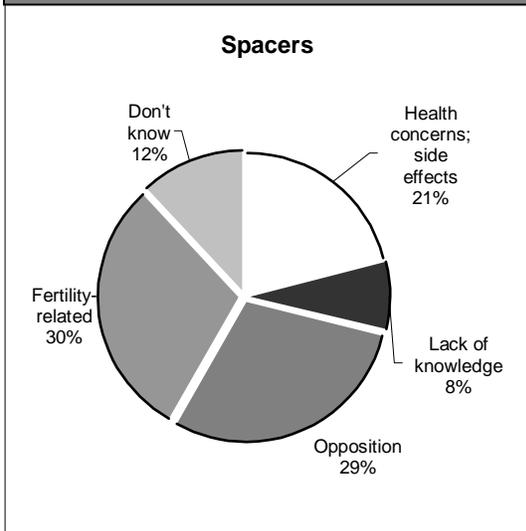


**Reasons for non-use among women with an unmet need who do not plan to use family planning in the future**

Program managers can also make use of information on the reasons why about 45 percent of women with an unmet need for family planning do not intend to use in the future. Among women with an unmet need for family planning for spacing purposes who do not intend to use in the future, about 30 percent cite fertility-

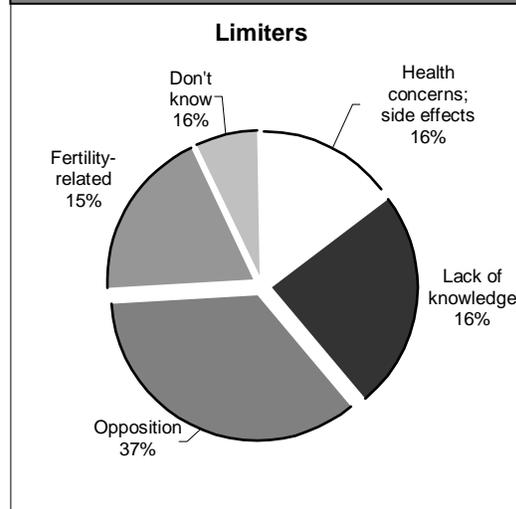
related reasons, primarily a desire for more children. This suggests a need for more information on the safety and risks of different methods for future childbearing. Nearly 29 percent report religious, cultural, family, or personal opposition, with religious opposition the most important. Another 21 percent cite concern over potential health problems or side effects.

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



Among those women who would like to limit births but who do not intend to use family planning in the future, 37 percent note religious, cultural, family, or personal opposition as the primary reason. Again, religious opposition is cited most frequently. About 16 percent do not know a method; 16 percent more are concerned about health and side effects; and 15 percent report fertility-related reasons.

**Women with an unmet need for limiting who do not plan to use family planning in the future primarily indicate religious and other opposition**



**Summary**

Some key points emerge from this brief. First, there is a very high level of unmet need for family planning services in Senegal. Expanding and improving family planning services would help respond to the expressed desires of Senegalese 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. Senegalese 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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Secondary analysis of *Enquête Démographique et de Santé, Senegal 1997* database. This database is available from ORC Macro, [www.measuredhs.com](http://www.measuredhs.com)