



POLICY

Project Briefing Paper



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

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

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Accra, Ghana**

The conference is hosted by the Government of Ghana and has been organized by the United States Agency for International Development, Advance Africa, the Action for West Africa Region Reproductive Health and Child Survival (AWARE-RH) Project, the World Health Organization, and the POLICY Project.

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 following the 1994 International Conference on Population and Development (1995-2000), there were an estimated 12 million unintended pregnancies in the 18 West Africa Regional Programme countries.¹ Yet family planning programmes are currently low on most national agendas, with no concerted effort to address the expressed need for family planning. To reduce the health and development consequences of unplanned and unwanted pregnancies 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 programmes. 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, Cote d'Ivoire, Ghana, Guinea, Mali, Niger, Nigeria, Senegal, and Togo. This brief focuses on Ghana.

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 able to bear children, sexually active and not using any contraceptive methods, and does not want a child for at least two years ("spacer") or wants no more children ("limiter"). This produces a conservative estimate because the DHS definition excludes groups who are arguably "in need." For example, many traditional method users who wish to delay or prevent pregnancy, but who are at risk of unwanted 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 their next pregnancy. One study shows that, if an expanded definition of unmet need is used, the proportion of married women with unmet need in Sub-Saharan Africa would be 43 percent rather than 26 percent.

¹ WARP is a USAID-funded regional programme. The 18 countries are Benin, Burkina Faso, Cameroon, Cape Verde, Chad, Cote d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, and Togo.

Why should policymakers and programme 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 to other regions and is further undermined by unplanned and unwanted 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 deceased mothers have a greater risk of mortality and poor health status.

Unintended fertility at the individual level collectively 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, population increases had outpaced economic gains and increases in 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 post-abortion 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 improving the 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 with the means to do so. Unintended fertility can lock girls and women into a cycle of early childbearing and poverty, and governments' failure to address family planning needs ignores individual rights.

Unmet family planning needs provide policymakers in all sectors with a unique opportunity 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 and millennium 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 behaviour in a relatively short period of time is sometimes referred to as the "reproductive revolution."

Despite these changes, some countries have lagged behind the

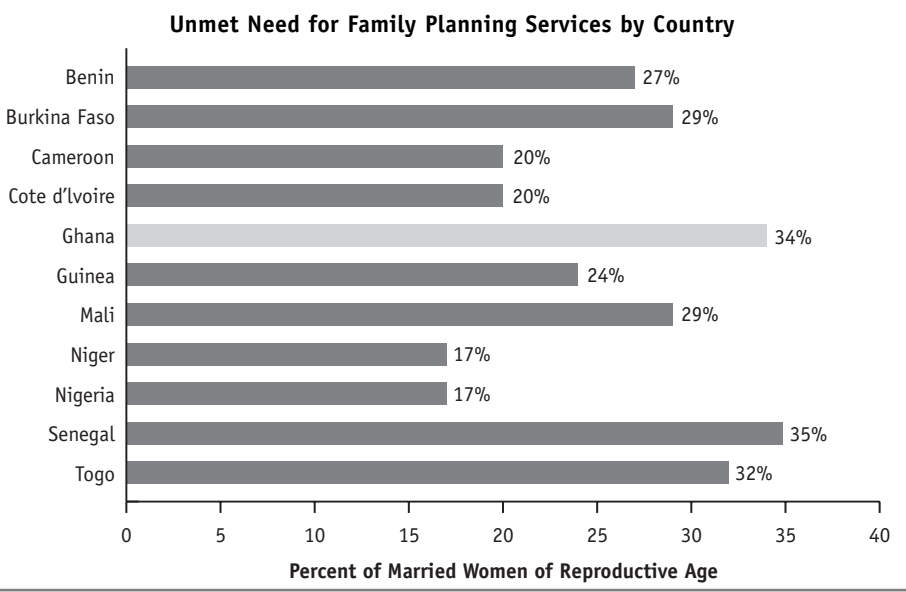
reproductive revolution. In these countries, fertility remains high and contraceptive use is still low. It is in these countries that we find the highest levels of unmet need for family planning and greatest urgency to rapidly expand family planning information and services to respond to the particular conditions that create that need.

One of the important lessons of the reproductive revolution is that successful family planning programmes can be developed and expanded even in challenging social and economic environments. When 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 is 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 in most of the region, except for Cape Verde. The highest modern contraceptive prevalence rate is in Ghana, at 19 percent. This is high relative to the rest of West Africa 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 programmes, particularly if the factors that prevent use of services can be better understood. The

Unmet need for family planning services in West African countries



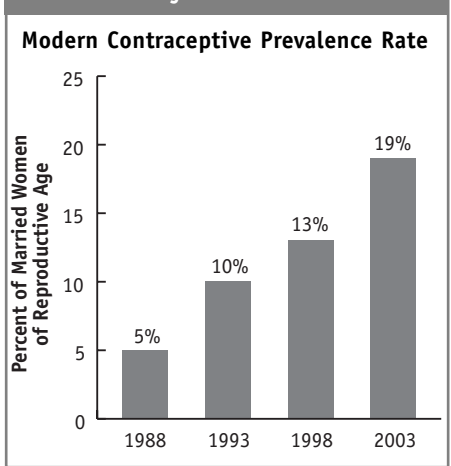
most recent DHS show that more than 30 percent of women of reproductive age in three countries—Ghana, Senegal and Togo—report an unmet need for family planning. In six other countries—Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Guinea, and Mali—20 to 30 percent of married women of reproductive age report an unmet need. Unmet need is 17 percent in both Nigeria and Niger.

Fertility, contraceptive use, and unmet need in Ghana

Ghana now has a series of four Demographic and Health Surveys (GDHS): 1988, 1993, 1998, and, most recently, 2003. Over that period, the fertility rate, or the average number of children per woman, dropped dramatically from 6.4 in 1988 to 5.2 in 1993 and 4.4 in 1998, but then remained at 4.4 in 2003.

Over the same period of time, modern contraceptive use among married women of reproductive age rose steadily, although not dramatically. Modern contraceptive prevalence increased from 5 percent in 1988 to 10 percent in 1993 and then rose further to 13 percent and 19 percent, as reported in the 1998 and 2003 surveys.¹ While a modern

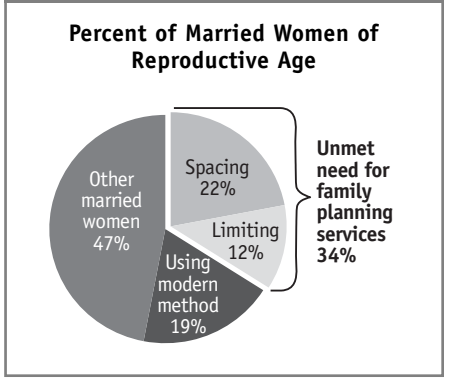
Contraceptive prevalence has risen steadily but is still low



contraceptive prevalence rate of 19 percent is high by West African standards, it is quite low by overall developing country measures.

Ghana has one of the highest levels of unmet need for family planning services in the world. GDHS 2003 reports that fully 34 percent of married women of reproductive age fit into the unmet need category. "Spacers" are more common than "limiters," although a large segment of married women would not like any more children but are not using family planning. About 22 percent of women with an unmet need would like to space their next birth for at least two years, while 12 percent would prefer not to have any more children. If Ghana 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.

Ghana has one of the highest levels of unmet need in the world



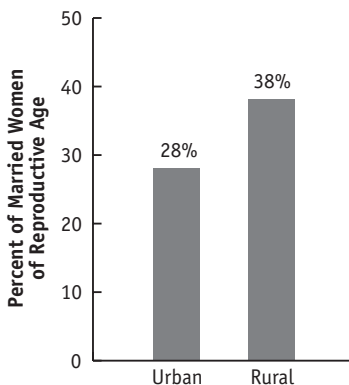
¹ A perplexing question now being studied by demographers is why fertility remained the same between the 1998 and 2003 surveys when contraceptive prevalence was rising.

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

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 rural and urban areas. Unmet need is somewhat higher in rural areas (38 percent) than in urban areas (28 percent), in part because a higher proportion of women in the cities than in the countryside currently use services. About 24 percent of married women of reproductive age in urban areas currently use a modern method of contraception, as opposed to 15 percent in rural areas. One of the interesting characteristics of Ghana is that when unmet need is added to current use, the total demand for family planning is virtually the same in urban and rural areas.

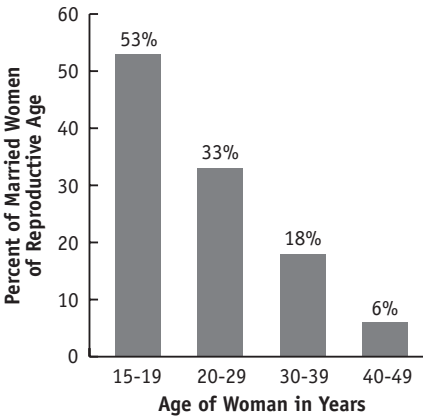
Unmet need is high in both urban and rural areas

Unmet Need for Family Planning Services, by Residence



Unmet need to space births is highest among younger women

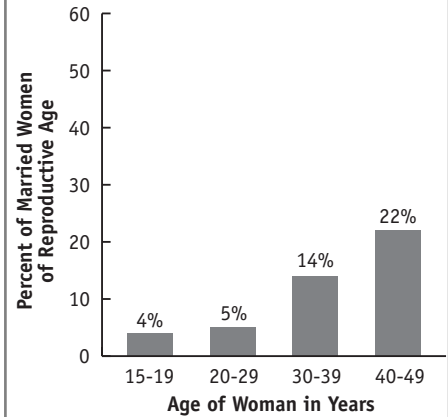
Unmet Need to Space Births, by Age of Women



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 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

Unmet need to limit births is highest among older women

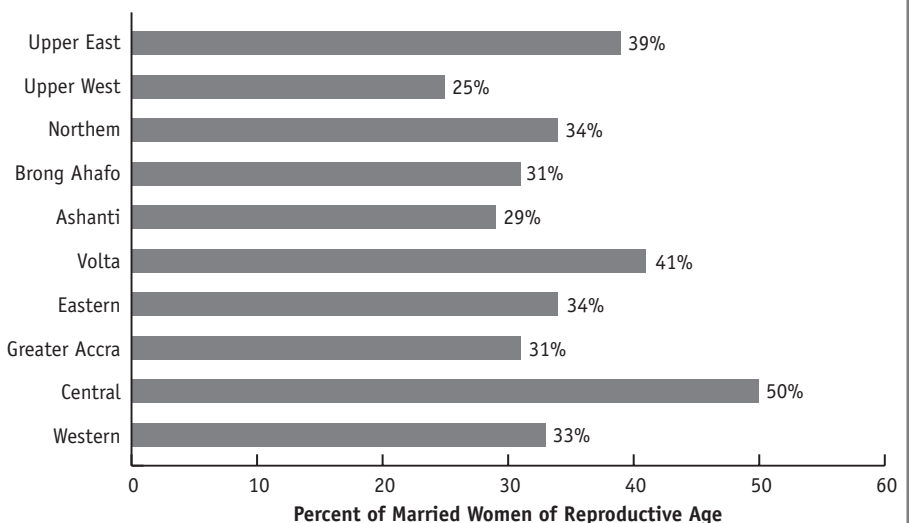
Unmet Need to Limit Births, by Age of Women



among younger women and high among women ages 30 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 is high throughout the country

Unmet Need for Family Planning Services, by Region



Region. It is clear that unmet need is high across the country. While Central and Volta have the greatest need for expanding family planning services, the high level of unmet need in Greater Accra and other urban areas shows that expanded and improved services are needed in the cities as well as in rural areas.

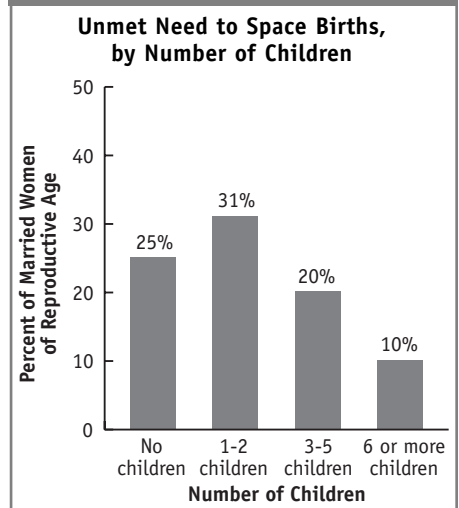
Education. In terms of educational background, unmet need appears to be high among women of all educational backgrounds, although it is somewhat lower among women who have attained 4 years or more of secondary education. However, few women in Ghana receive that much education.

Household wealth. The GDHS divides households into five 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 rural areas, there is no noteworthy relationship between wealth quintile and unmet need. In the urban areas, unmet need is highest in the lowest and second quintiles, suggesting that there is a built-up demand for family planning services among poorer women in the cities. However, unmet need is high in the other quintiles as well.

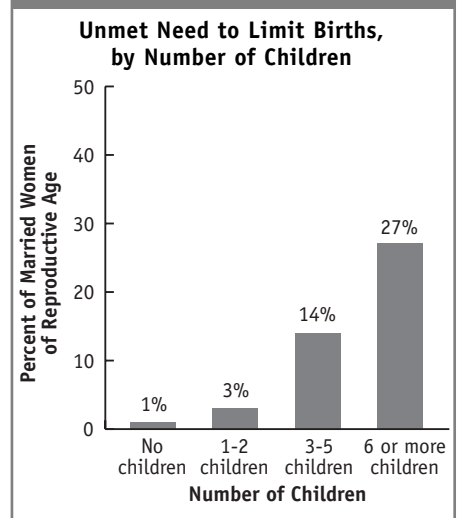
Previous number of children. For women with an unmet need for spacing, unmet need is highest among women who already have one or two children. About 31 percent of married women with one or two children have a

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: 14 percent among married women with three to five children and 27 percent among married women with six or more children.

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



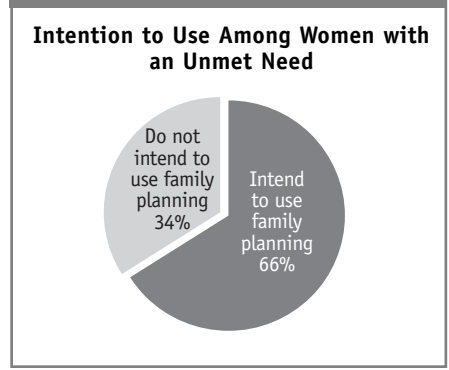
Unmet need to limit births is highest among women with more children



Unmet need and intention to use contraception in the future

GDHS asks respondents, including women with unmet need, whether they intend to use contraception in the future or not. It would seem probable 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 fact, about two out of every three women with an unmet need for family planning report that they intend to use some form of modern contraception in the future, according to GDHS 2003. About 70 percent of women with an unmet need for spacing and about 60 percent of women with an unmet need for limiting indicate their intention to use family planning.

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



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

Previous use of family planning.

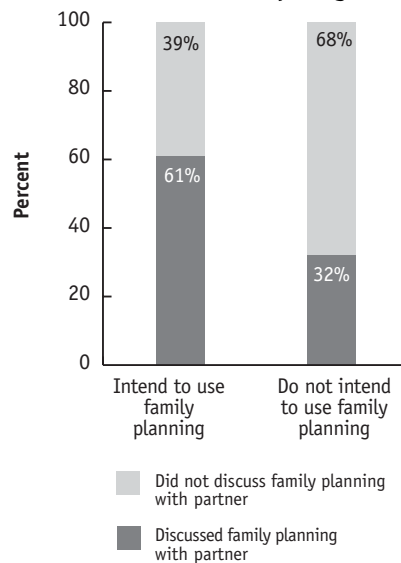
Intention to use or not to use can be linked to previous family planning use and communications. Previous use of family planning was a good indicator of intent to use among spacers but not limiters. For example, 38 percent of those with an unmet need for spacing who intend to use in the future had previously used a modern method of family planning; in contrast, 23 percent of those with unmet need who do not intend to use in the future had previously used a modern method. 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 with partner and exposure to media messages.

Whether a woman has discussed family planning with her partner is associated with her future intentions. More than 61 percent of those women with an unmet need for spacing who intend to use in the future had discussed family planning with their partners, while 32 percent of those women with unmet need who do not intend to use had discussed the subject with their partners. Surprisingly, the intention of women with unmet need to use family planning in the future was not associated with exposure to family planning messages on the radio or television or in the newspapers.

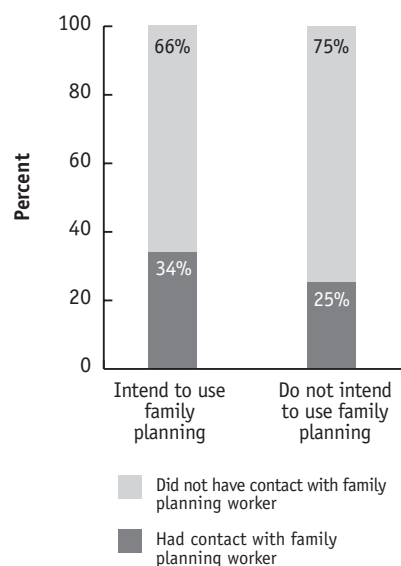
Discussing family planning with partner influences future intention to use

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



Contact with family planning providers is associated with intention to use

Contact with Family Planning Providers among Women with an Unmet Need



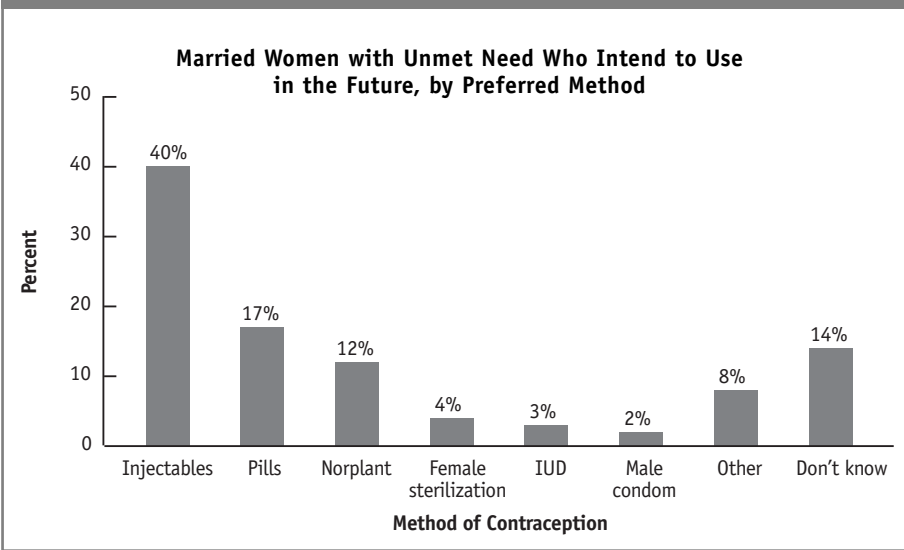
Previous use of maternal health services and contact with family planning workers.

In Ghana, previous use of maternal health services did not seem to be associated with intent to use family planning in the future, although contact with family planning providers had some association. About 34 percent of women 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, about 25 percent of women with an unmet need who said they did not intend to use had contact with a family planning provider.

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

Programme managers need to 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, 40 percent prefer injectables, 17 percent prefer pills, and 12 percent prefer Norplant. Fourteen percent did not identify a preferred future method, and the remaining women indicated a variety of other methods.

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



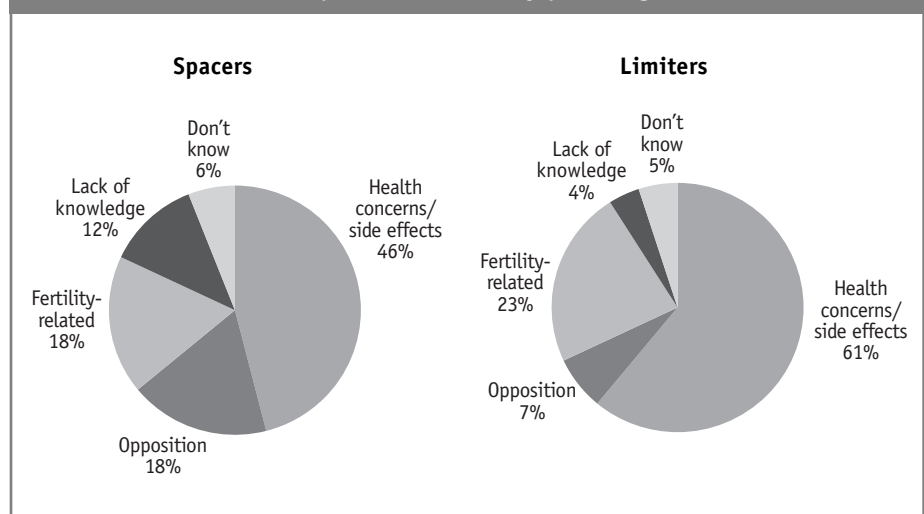
Among those women who would like to limit births but who do not intend to use family planning in the future, more than 60 percent cite method-related reasons, most notably health concerns and the fear of side effects. Another 23 percent of women in the limiting classification do not intend to use family 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 a range of alternatives.

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 in the future. Why not? Among women with an unmet need for family planning for spacing purposes who do not intend to use family planning in the future, 46 percent report method-related reasons, primarily health concerns or the fear of side effects, as the reason. Another 12 percent don't

know a method or don't know a source for family planning, while another 18 percent don't intend to use because of religious, cultural, family, or personal opposition. Spacers who are concerned about future childbearing need to know the impact of different methods on their ability to conceive and bear additional children.

Worries over side effects and health concerns are major reasons women with unmet need do not plan to use family planning in the future



Summary

Some key points emerge from this briefing paper. First, strong evidence exists that there is a high level of unmet need for family planning services in Ghana. Expanding and improving family planning services would help respond to the expressed desires of Ghanaian 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 differ from country to country, and it is important that programme implementers look at their own situations. Ghanaian policymakers and programme managers need to use available information to develop appropriate policies, strategies, and programmes 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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A nurse explains contraceptive options to a West African mother who wants to space her pregnancies further apart.

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Secondary analysis of *Ghana Demographic and Health Survey 2003* database available from ORC Macro. www.measuredhs.com