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A Study on Unmet Need of Family Planning in Africa

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Abstract:

The growing use of contraception around the world has given couples the ability to choose the number and spacing of children. Contraceptive use has increased worldwide over the last decade. Yet Africa like many regions of the developing world continues to have a high unmet need for family planning .the data for this study is obtained from DHS, Africa. The objectives of this study are to understand the extent of unmet need of family planning and to assess the benefits of family planning.

Key words: family planning, contraceptives, unmet need, pregnancy

1. Introduction

The widespread adoption of family planning represents one of the most dramatic changes of the 20th century.¹ The growing use of contraception around the world has given couples the ability to choose the number and spacing of their children and has had tremendous lifesaving benefits. All individuals and couples have a basic human right to decide freely and responsibly the number, spacing, and timing of their children. Fulfilling this right is an important intervention for improving maternal and child health, preventing HIV infections, and improving the overall well-being of entire families. Yet, only a small proportion of women in Africa who want to space or limit their pregnancies are using any form of family planning. Among those who are using contraception, most are using short-acting methods, such as oral contraceptives and injectables.

Contraceptive use has increased worldwide over the last decade. Yet, Africa like many other regions of the developing world continues to have a high unmet need for family planning. Approximately 25 percent of women and couples in sub-Saharan Africa who want to space or limit their births are not using any form of contraception.² More than half of the people in Africa are younger than 25 years old, so unmet need is only expected to increase as these individuals enter their reproductive years.³

A central goal of family planning is to enable women to space and limit their children according to their own needs and desires. Family planning provides the means through which a woman's right to have children by choice and not by chance can be actualized. In addition, FP has important social, economic, environmental, and population implications. The associations between FP use and fertility, maternal, infant, and child health, population dynamics, economic development, poverty reduction, and food security are well-established after decades of research (Bongaarts et al. 2012).⁴

Although increased from the level seen in the 1960s (9%), according to the United Nations Population Division, the contraceptive prevalence for the developing world in 2007 was 61.7%, and there were huge variations in CPR within the developing countries; it was only 2.8% in Chad but 80% in Costa Rica, for example. There were also significant variations between regions- about 28% in Africa region and 74% in South America (United Nations, 2009)⁵. An unmet need for family planning can have many undesired consequences in the areas of health, population growth and development. In developing countries, unintended pregnancies (either mistimed or unwanted at the time of conception) are one of the major consequences of an unmet need for contraception (Pallikadavath & Stones, 2006)⁶. This contributes towards accelerated population growth by unwanted fertility and closely spaced births. Further, unintended pregnancies often lead to closely spaced pregnancies and child births, early child bearing, and abortions, which in turn lead to high maternal and infant mortality (Sedgh et al, 2006)⁷.

Moreover, the need for family planning is generally high in societies where poverty, illiteracy, and gender inequality are high (Nazar-Beutelspacher et al, 1999)⁸. In such societies, unintended and repeat pregnancies make it difficult for women to participate in economic development and self-development. This causes a cycle of ill health and poverty which, if uninterrupted, could transfer to future generations. Thus, there is a strong health rationale for addressing the unmet need for family planning services in developing countries and thereby contributing to the achievement of the United Nation's Millennium Development Goals (MDGs) such as to reduce child mortality(<5yrs)by two-thirds, between 1990 and 2015, and to improve maternal health by reducing three quarters the maternal mortality ratio and for achieving universal access to reproductive health.

In many developing countries (also termed low- and middle-income countries), official family planning programmes began during the 1960s with the aim of reducing high fertility (Seltzer, 2002)⁹. In 2000, an estimated 17% of married women (105 million) had an unmet need for family planning in the developing world (USAID, 2005)¹⁰, and there is considerable variation across countries, for example, 5% in Vietnam and 40% in Haiti (Khan et al, 2007)¹¹.

2. Objective of the Study

- To understand the extent of unmet need of family planning
- To assess the benefits of family planning

3. Methods and Materials

In recent years, various Demographic and Health Surveys (DHS) report that women in developing countries have lower desired fertility than actual fertility, i.e. women are having more children than they want. This indicates that there is still an unmet need for family planning; there are a proportion of women of reproductive age who prefer to avoid or postpone childbearing but who are not using any method of contraception. Indeed, despite official family planning programmes being in existence for more than 40 years, the contraceptive prevalence rate (CPR) is still low in many countries.

A thorough and context-specific understanding of the demand and use dynamics for FP is critical for planning to expand access to and reduce unmet need for FP through FP2020. The DHS provides substantial data sets from which many analyses of demand and use dynamics have been, undertaken. Given the scale of investment and the need to target interventions strategically for diverse populations, undertaking additional population-specific DHS-like surveys will probably be necessary to determine the specifics of such dynamics, especially for particularly vulnerable and poorly-documented populations. In determining why many women with a demand for FP have an unmet need, understanding the reasons for non-use is an essential starting point. Unfortunately, the evidence base for understanding the reasons for non-use is still limited, due to an over-reliance on the evidence generated through the “reasons for non-use” questions used in the DHS. The present study is based on the data of demographic Health Survey (DHS), Africa.

4. Observations

In the present study relevant discussions have been summarized on the basis of objectives under following heads .

5. The Unmet Need of Family Planning

Over the last decade, attention and resources for family planning programs have been diverted in many countries in sub-Saharan Africa, even though the need remains high. HIV/AIDS and poverty have become high priorities. Health sector reforms have created new management challenges, including the decentralization of authority to lower administrative levels, where family planning may not be seen as a priority. Every hour of every day, at least 30 women die from complications of pregnancy and childbirth in sub-Saharan Africa about 270,000 deaths every year. Every minute of every day, nine children under age 5 die in Africa 4.8 million children annually. Family planning could prevent many of these deaths by enabling women to bear children during the healthiest times for themselves and their children.

New financial mechanisms from donors and lenders, such as sector-wide approaches (SWAps) and Poverty Reduction Strategy Papers (PRSPs), often omit family planning. These and other factors have given family planning a lower priority in recent years. To reinvigorate interest, countries throughout the region are engaging in an important initiative to reposition family planning higher on national and local agendas. “Repositioning Family Planning” is a multilateral initiative to ensure that access to quality family planning services remains a priority for policymakers and health providers. The goal is to mobilize political commitment and resources to strengthen family planning services, which will lead to expanded access to safe, effective contraceptive methods to help women and couples have the number of children they want, when they want them.

Sub-Saharan Africa has the highest fertility of any world region 5.4 births per woman on average double that of Asia (excluding China) and more than three times that of Europe. Birth rates in the region are so high that even in the face of high AIDS mortality in some countries, the region’s 2008 population of 809 million is projected to increase to 1.2 billion by 2025¹² A major factor underlying high birth rates is low family planning use: Only 18 percent of married women in sub-Saharan Africa use modern methods of family planning. This figure, however, masks important sub-regional differences modern contraceptive use is 58 percent in Southern Africa, 22 percent in Eastern Africa, and only 7 percent and 9 percent in Central and Western Africa, respectively.

An estimated 35 million women in sub-Saharan Africa have an unmet need for family planning they want to delay or stop childbearing but are not using any contraceptive method. In 28 of 31 countries where this indicator is measured, at least one-fifth of married women ages 15 to 49 have an unmet need. In six African countries (Comoros, Ethiopia, Ghana, Lesotho, Mauritania, and Senegal), about one-third of women have an unmet need for family planning. In three countries (Rwanda, Togo, and Uganda), an estimated 40 percent or more of women have an unmet need.¹³ If women had only the number of pregnancies they wanted, at the intervals they wanted, maternal mortality would drop by about one-third.¹⁴

Women with birth-to-pregnancy intervals of less than five months experienced a risk of maternal death that was 2.5 times higher than women with birth-to-pregnancy intervals of 18 to 23 months. In the developing world, an estimated 137 million women who want to avoid a pregnancy are not using a family planning method.¹⁵ These women have an “unmet need” for family planning. Women with unmet need fall into two groups: women who wish to wait at least two years until their next pregnancy, and those who want to stop childbearing altogether. Globally, an estimated 55 percent of those with unmet need for family planning have a need for spacing and 45 percent for limiting.¹⁶

In developing countries, a woman's lifetime risk of dying due to pregnancy and childbirth is 1 in 75, or almost 100 times higher than the 1 in 7,300 risk in developed countries. In sub-Saharan Africa, the risks are the highest in the world; a woman's lifetime chance of dying from pregnancy or childbirth-related causes is 1 in 22. While in Asia it is 1 in 120, in Latin America & Caribbean it is 1 in 290. Of all health indicators, maternal mortality shows the greatest disparity between rich and poor nations. Of the estimated 536,000 maternal deaths that occur annually worldwide, more than 99 percent occur in developing countries 86 percent in sub-Saharan Africa and South Asia alone.^{17,18} (UNFPA & World bank, WHO, 2007)

6. Benefits of Family Planning

Family planning has numerous health benefits for women, their sexual partners, and their children. Family planning helps to prevent unintended pregnancies and the number of unsafely performed abortions, thereby reducing maternal deaths and disabilities and infertility.

It prevents high-risk pregnancies among adolescents under age 18 and women over age 35. It reduces infant mortality and child mortality.

- **Family planning saves women's lives-** Family planning could prevent as many as one in every three maternal deaths by allowing women to delay motherhood, space births, avoid unintended pregnancies and abortions, and stop childbearing when they have reached their desired family size.
- **Family planning saves children's lives-** After giving birth, family planning can help women wait at least two years before trying to become pregnant again, thereby reducing newborn, infant, and child deaths significantly.
- **Family planning saves adolescents' lives-** Teen pregnancies pose health risks not only for the babies but also for the young mothers, particularly those under age 18. Family planning can help young women avoid having children during this high-risk time and also avoid the social and economic consequences of early childbearing.
- **Family planning reduces deaths from AIDS-** The consistent and correct use of condoms can significantly reduce the rate of new HIV infections. Many HIV-positive women and couples want to avoid becoming pregnant and many effective methods are available to assist them. By averting unintended and high-risk pregnancies, family planning reduces mother-to-child transmission of HIV and the number of AIDS orphans, whose life chances are seriously diminished because they have lost a parent, particularly the mother.
- **Family planning helps governments achieve national and international development goals-** Governments around the world are focused on combating poverty and achieving a range of health and development goals, such as those outlined in the United Nations' Millennium Development Goals (MDGs). Family planning can contribute to nearly all of these goals, including reducing poverty and hunger, promoting gender equity and empowering women, reducing child mortality, improving maternal health, combating HIV/AIDS, and ensuring environmental sustainability.

7. Conclusion

There is substantial unmet need for family planning in Sub-Saharan Africa. Nevertheless, unmet need remains an important component of the total potential demand for family planning. Women may have an unmet need for family planning for a variety of reasons: lack of knowledge about the risk of becoming pregnant; fear of side effects of contraceptives; perceptions that their husbands, other family members, or their religion opposes family planning; or lack of access to family planning services¹⁹ Many of these barriers could be overcome through better information and counseling for both women and men.

8. Suggestion

- It becomes essential to advocate family planning at all levels of government and with donor agencies to ensure that family planning is included in budgeting and planning
- It is essential to ensure that family planning is included as an essential health service in national and district-level plans for primary health care.
- It is necessary to identify and support champions for family planning among leaders who are willing to influence their peers. These champions include parliamentarians, and leaders in ministries of health, nongovernmental organizations, donor agencies, health facilities, and communities.
- It is necessary to reform service delivery to ensure that the health systems supporting family planning function well and provide quality care:
- It is necessary to ensure adequate training and supervision of providers so that they provide technically correct information about contraception and are responsive to clients' needs.
- It is essential to create demand for family planning services through information, education, and behavior change communication programs. Such programs will increase the understanding and acceptability of family planning and dispel myths about contraceptive methods.

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