Global and Regional Overview: FP Demand, Use and Unmet Need

Roy Jacobstein, MD, MPH

Accelerating Contraceptive Choice: Expanding Options through Country Leadership in Sub-Saharan Africa

Nairobi, Kenya, 2-4 April 2014

THE respond PROJECT

Managing Partner: EngenderHealth; Associated Partners: FHI 360; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council

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Global megatrends are driving increased demand for FP

- "Youth bulge": 26% of world's 7 billion people are aged 10-24
- Later age of marriage
- Small family norms
  - E.g., mean ideal # of children: Bangladesh 2.2 (2011); Ethiopia age 45-49, 5.7; age 15-19: 3.3
- Worldwide, small family norms driven by:
  - Urbanization (~5% in Sub-Saharan Africa, highest rate of increase in the world)
  - Increased women's education / many women entering formal workforce
  - High cost of education
  - Rising cost of living
  - Improved child survival
  - Spread of global communication
- All leading to greater demand to delay, space, and/or limit births

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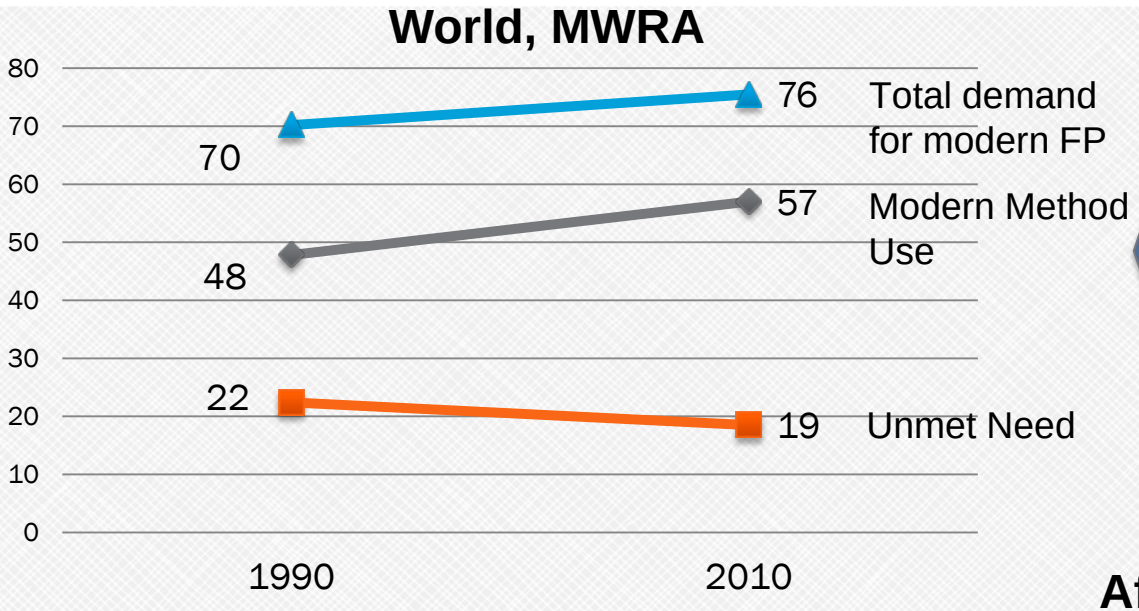
Modern method use, unmet need, and % demand satisfied, by major geographic region

Region	Modern Method Use (MCPR)	Women using modern methods (millions)	Women with unmet need for modern FP (%)	Women with unmet need for modern FP (millions)	Proportion of total demand satisfied (%)
Developing Regions	55%	645m	19%	222m	74%
Asia	62%	515m	17%	141m	79%
Africa	25%	51m	28%	59m	47%
Latin America	66%	80m	19%	23m	78%

Source: Singh S and Darroch JE. *Adding It Up: Costs and Benefits of Contraceptive Services—Estimates for 2012*. Guttmacher Institute and United Nations Population Fund (UNFPA); 2012.

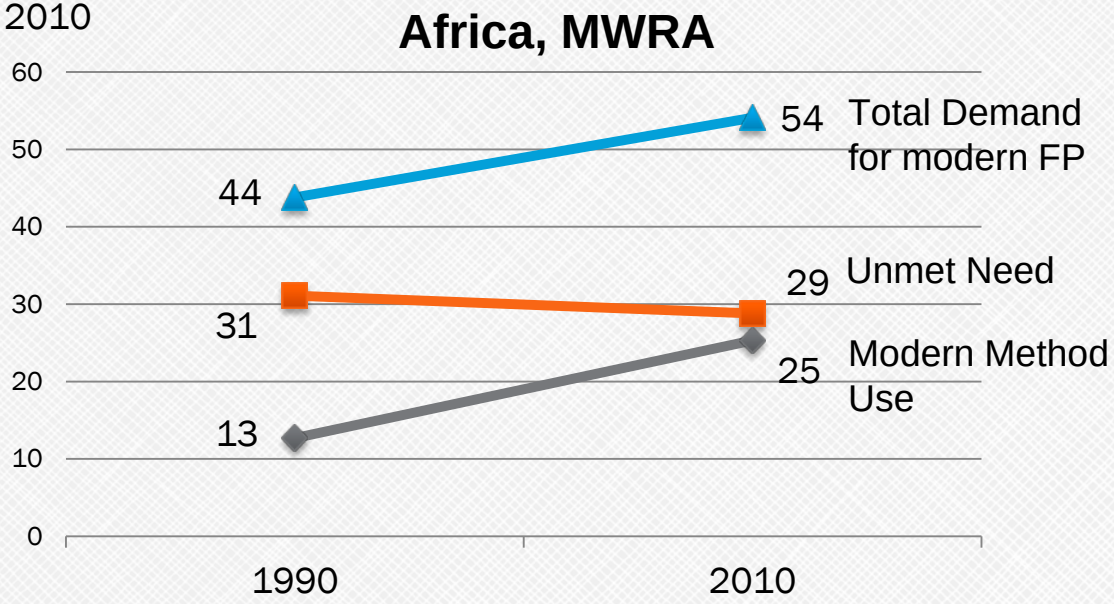
Total demand for FP, modern method use, and % demand being satisfied are rising in Africa



Percent Demand Satisfied: increased from 68% to 75% over twenty year period.

Source: *Alkema, et al, Lancet, 2013.*

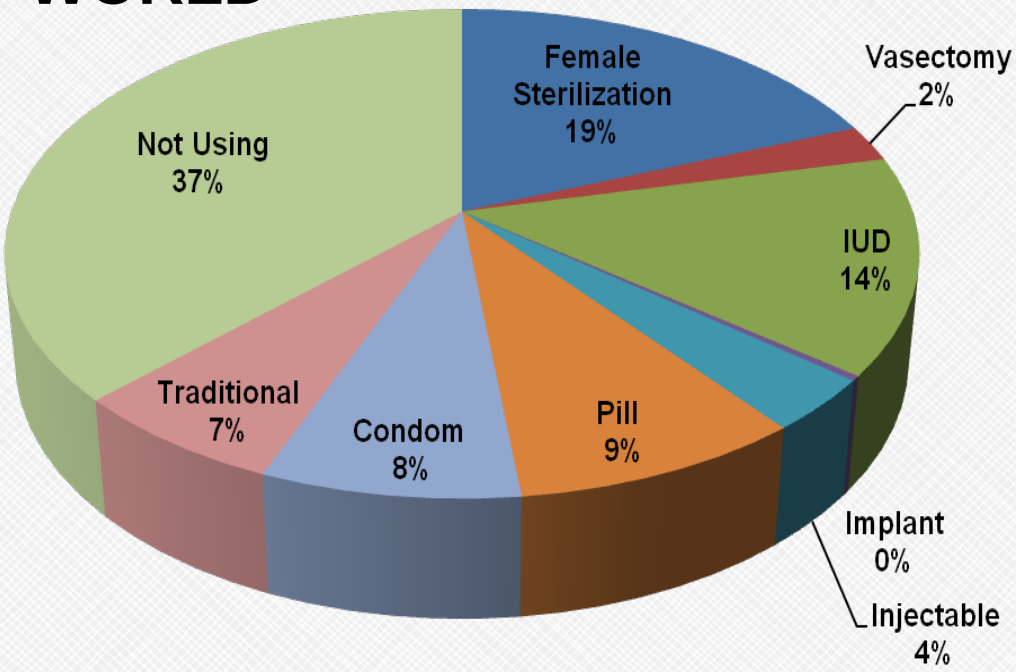
Percent Demand Satisfied: increased from 29% to 47% over twenty year period (while unmet need ~ same).



Contraceptive use, method mix and choice

Worldwide there is a range of methods used …
but in 11 countries one method comprises over 60% of the method mix:

WORLD



Country	Method
Djibouti	Pill
Ethiopia	Injectable
India	Female Sterilization
Kyrgyzstan	IUD
Mauritania	Pill
North Korea	IUD
Somalia	Folk methods
Tajikistan	IUD
Timor-Leste	Injectable
Uzbekistan	IUD
Zimbabwe	Pill

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Source: World Contraceptive Use 2011, UN Pop Div, 2011.

Contraceptive use, method mix and choice (cont.)

… and one method comprises 40-60% of method mix in another 28 countries:

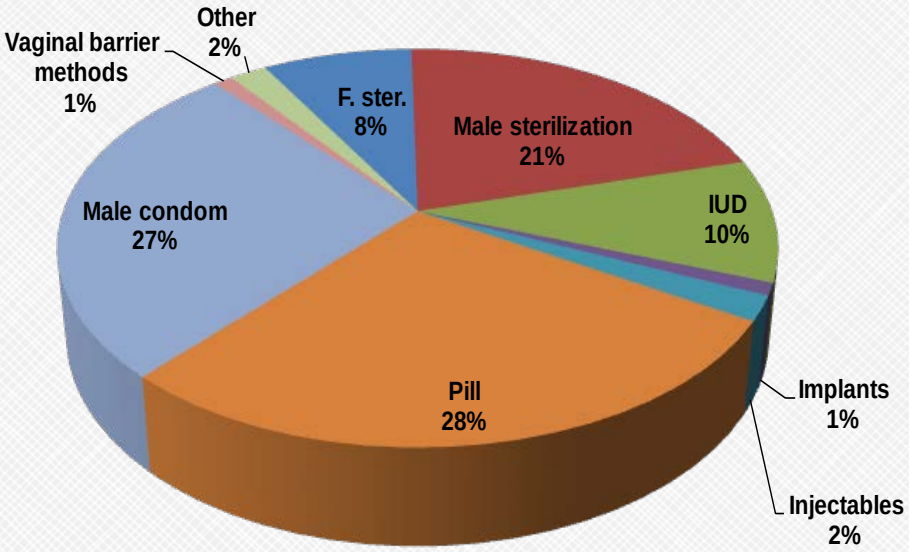
Country (method)	Country (method)	Country (method)
Afghanistan (pill)	Gambia (pill)	West Bank/Gaza (IUD)
Bangladesh (pill)	Haiti (injectable)	Philippines (pill)
Bhutan (vasectomy)	Indonesia (Injectable)	Rwanda (injectable)
Bolivia (traditional)	Kenya (injectable)	Sierra Leone (injectable)
Burundi (injectable)	Laos (pill)	South Africa (injectable)
Cameroon (traditional)	Madagascar (injectable)	South Sudan (traditional)
Chad (traditional)	Malawi (injectable)	Togo (traditional)
Congo (traditional)	Mongolia (IUD)	Uganda (injectable)
DR Congo (traditional)	Myanmar (injectable)	
Egypt (IUD)	Niger (traditional)	

Two examples of method mix when access is universal

There's no "ideal" method mix, but this is the method mix in two countries with universal access to FP, wide method choice, respect for rights, high gender equity, & low unmet need:

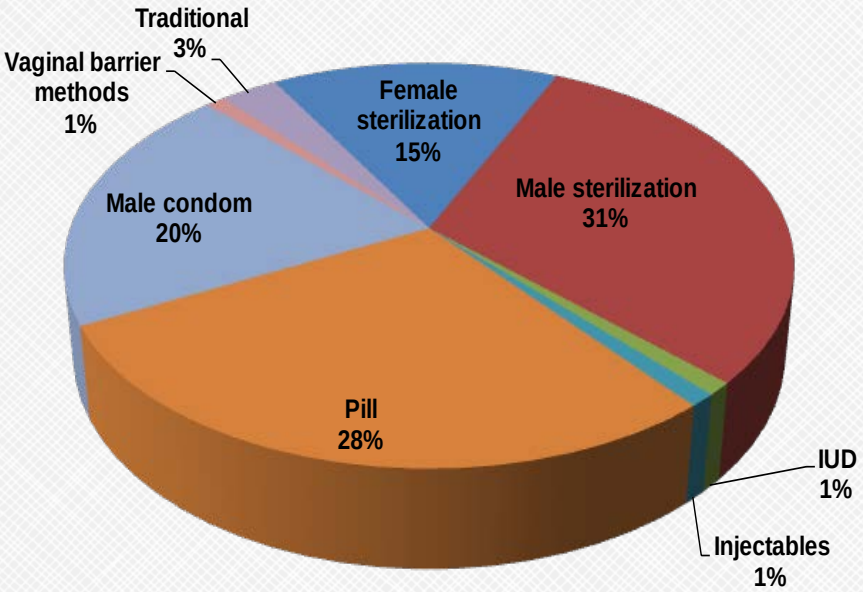
United Kingdom

(Total CPR: 84%; Modern CPR: 84%)



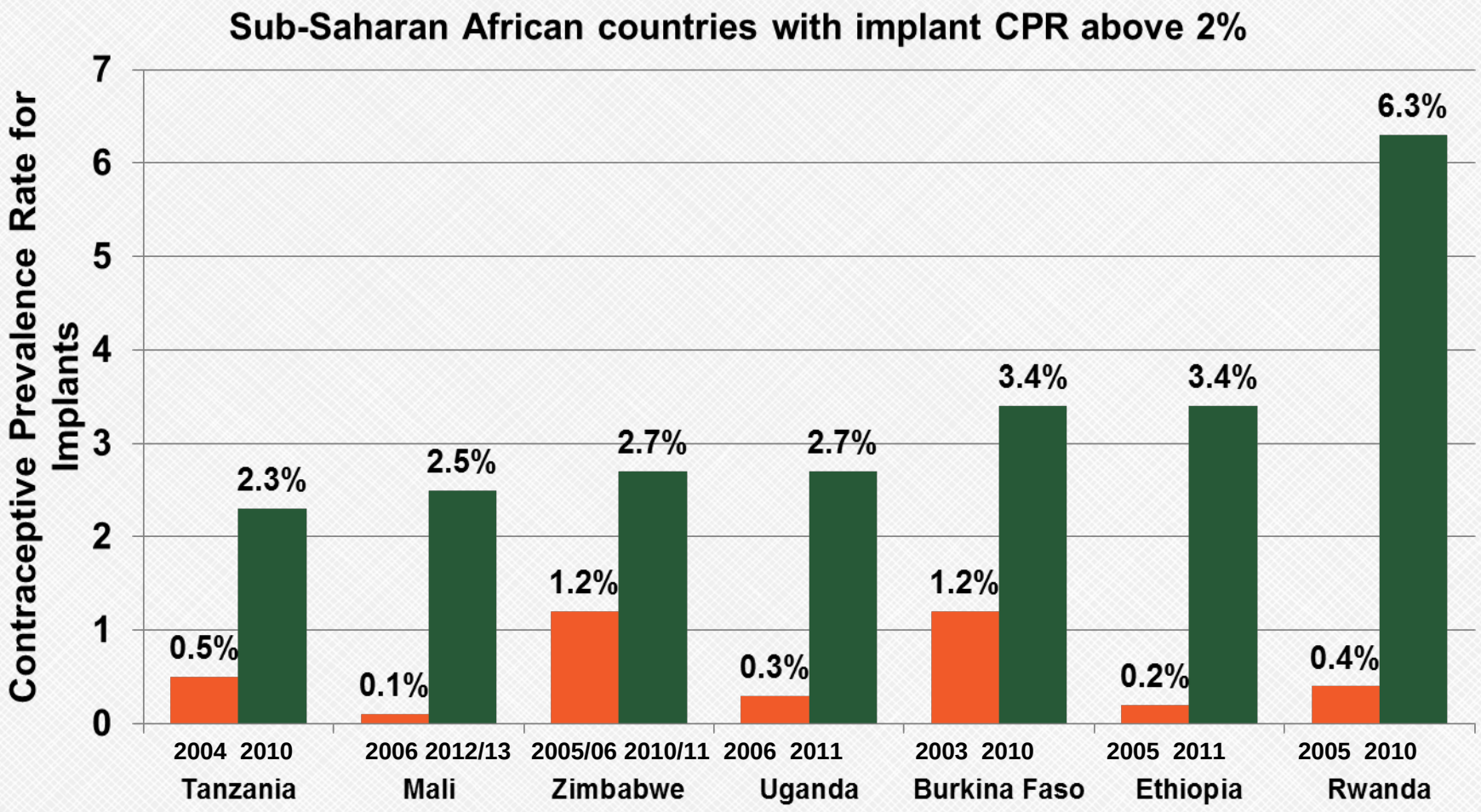
Canada

Total CPR: 74%; Modern CPR: 72%



Data source: *World Contraceptive Use 2011*, UN Population Division, 2011. Latest available UN data as of February 2014. Data for women married or in union. UK data is from 2008-09; Canadian data is from 2002.

Implant use is rising in Sub-Saharan Africa



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All data are from the *Demographic and Health Surveys* (DHS), for women ages 15-49 currently married or in union. Total modern CPR is 9.9% in Mali (2012-13) and 15% in Burkina Faso (2010).

Reproductive Intentions: demand to limit exceeds demand to space in all regions of the world except WCA

Demand to limit exceeds demand to space in all regions of the world except West Africa and Central Africa — country examples:

Country	Total demand for FP (%)	Demand to limit (%)	Demand to space (%)
Dominican Republic (2007)	**84%**	**61%**	23%
South Africa (2003)	**74%**	**55%**	19%
Bangladesh (2007)	**73%**	**51%**	22%
Rwanda (2010)	**72%**	**39%**	34%
Malawi (2010)	**72%**	**38%**	35%
Kenya (2008-09)	**71%**	**41%**	30%
Indonesia (2007)	**71%**	**41%**	30%
Uganda (2009)	64%	29%	36%
Ethiopia (2011)	54%	21%	33%
Tanzania (2010)	47%	18%	30%
Nigeria (2008)	35%	11%	24%

***Data Source**:* Most recent DHS survey; data for women currently married or in union.

Permanent method use: Worldwide and in illustrative African countries

Reflecting high demand to limit, permanent method use is high in all high-resource countries, including some countries in ECA (but vasectomy is low)

Country	Modern Method CPR	Female Sterilization Use (CPR)	Vasectomy Use (CPR)
Worldwide	**56%**	**18.9%:** highest of all modern methods: **223 million women**	**2.4%** **(28 million men)**
United States	**73%**	**24%**	**13%**
Canada	**72%**	**11%**	**22%**
South Africa	**60%**	**14%**	**1%**
Malawi	**42%**	**9.7%**	**0.1%**
Kenya	**39%**	**4.8%**	**0%**
Tanzania	**27%**	**3.5%**	**0%**
Ethiopia	**27%**	**0.5%**	**0%**
Uganda	**26%**	**2.9%**	**0.1%**
Nigeria	**10%**	**0.4%**	**0%**

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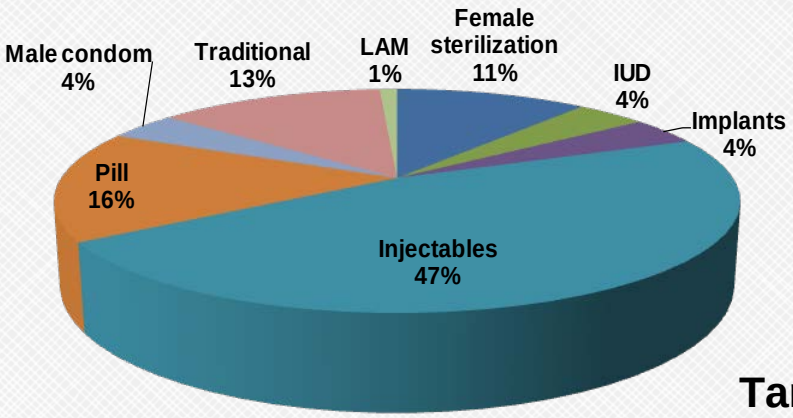
Data sources: Most recent national DHS survey available as of 2-16-14 or UNDESA, *World Contraceptive Use*, 2011. Data for women currently married or in a union.

Method mix in Kenya, Uganda and Tanzania

Injectables predominate, and some clinical methods also increasing:

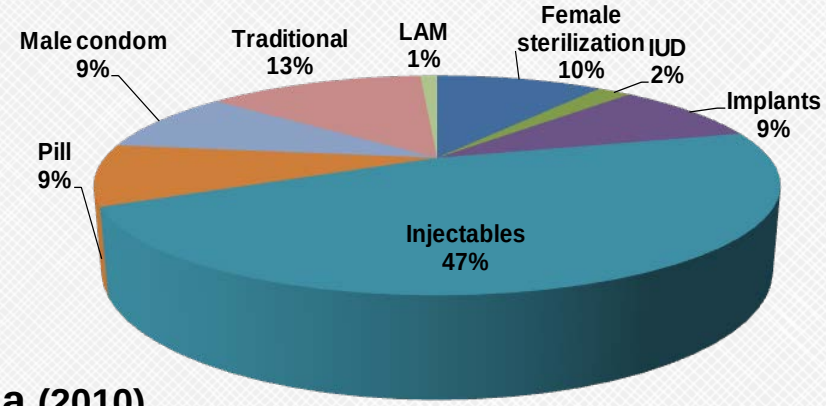
Kenya (2008-09)

(Total CPR: 45%; Modern CPR: 39%)



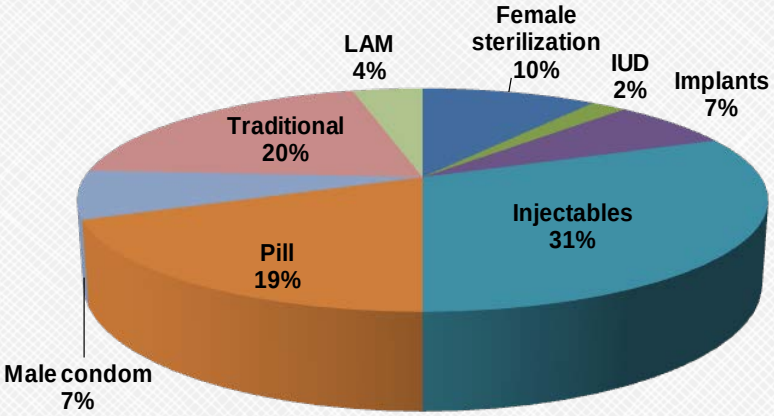
Uganda (2011)

(Total CPR: 30%; Modern CPR: 26%)



Tanzania (2010)

(Total CPR: 34%; Modern CPR: 26%)



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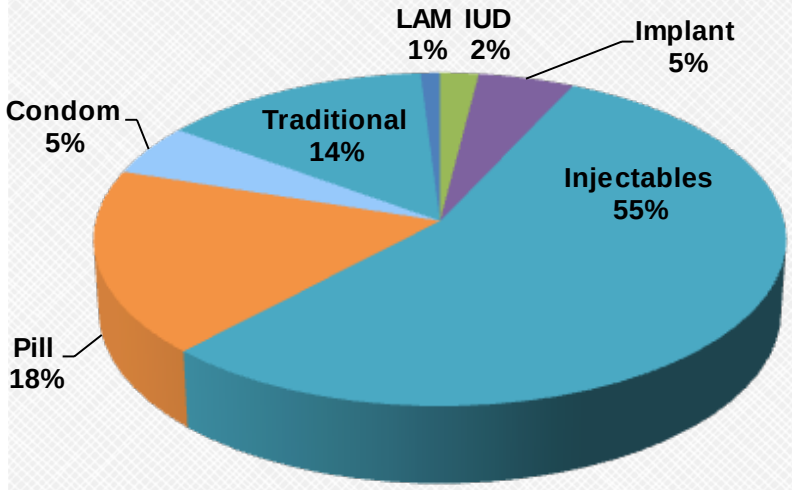
Source: latest DHS survey.
Data for currently married women.

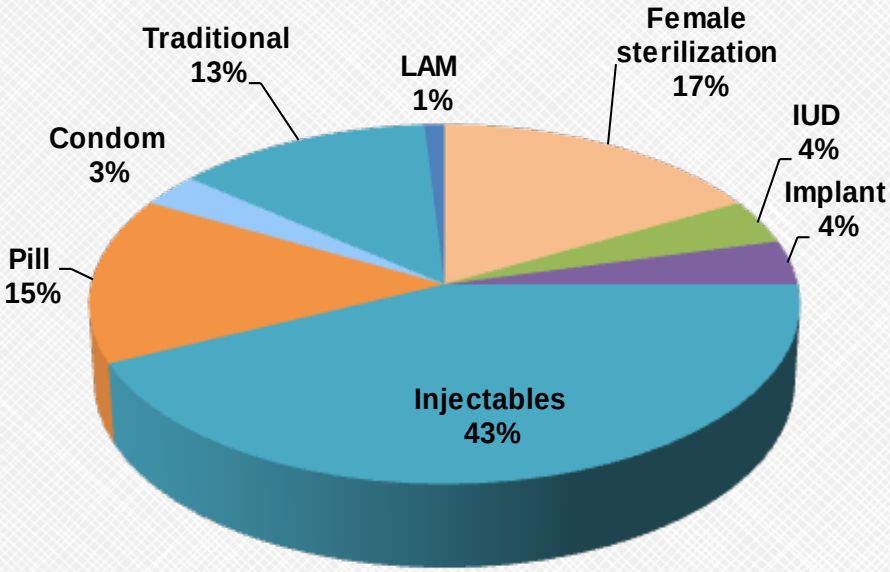
However, method mix is not all that different among spacers and limiters

Kenya

Method mix among spacers



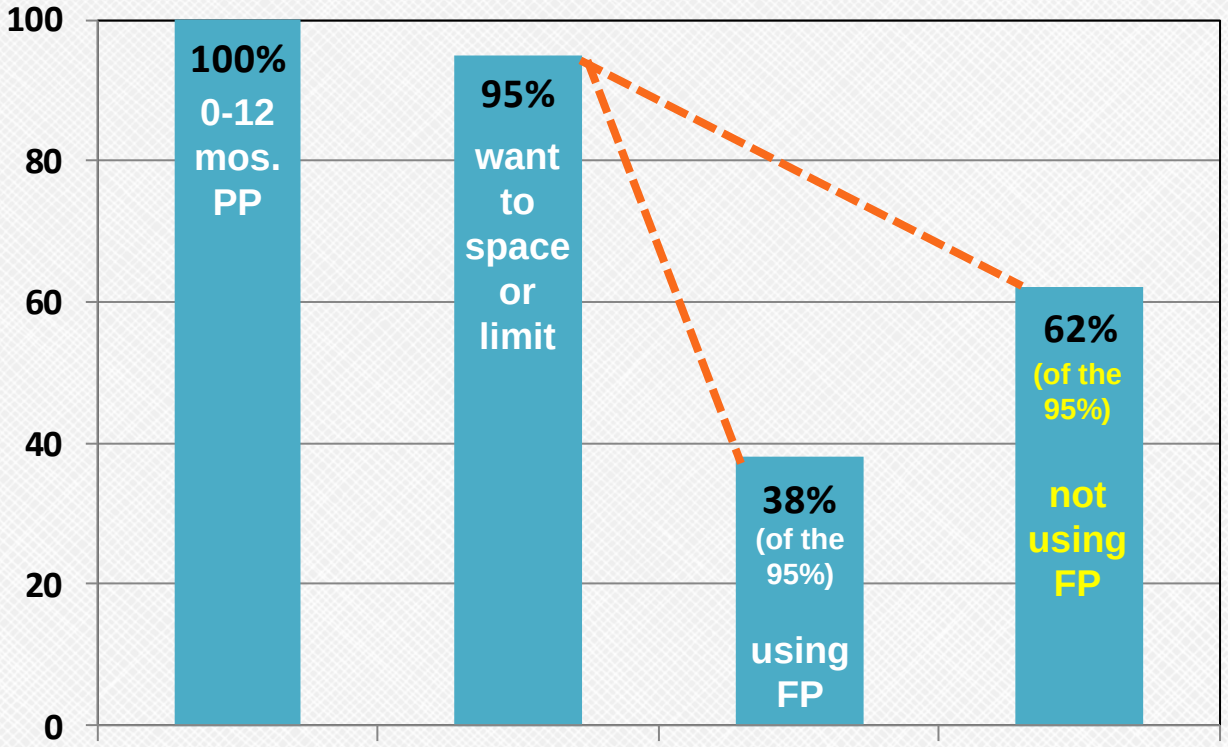
Method mix among limiters



Data Source: 2008-09 Kenya DHS survey, secondary analysis conducted by the Respond Project. Data is for all women..

Domains of high unmet need for FP: 40% of all unmet need is postpartum (0-12 months)

Very high motivation to avoid next pregnancy, yet ~60% of postpartum women have unmet need – and this is 40% of all unmet need in low-resource countries



Source: Ross and Winfrey, "Contraceptive use, Intention to use, and unmet need during the extended postpartum period, Intl FP Perspectives, 2001. Analysis of DHS data from 27 countries.

Discontinuation is one result of lack of method choice

- Women who discontinue method use and later have unmet need account for 38% of unmet need
- This is significantly higher in sub-Saharan Africa
- Discontinuation is not "bad" per se: what we want to avoid is discontinuation into no method use in women who still want to contracept
- Levels of continuation parallel levels of satisfaction

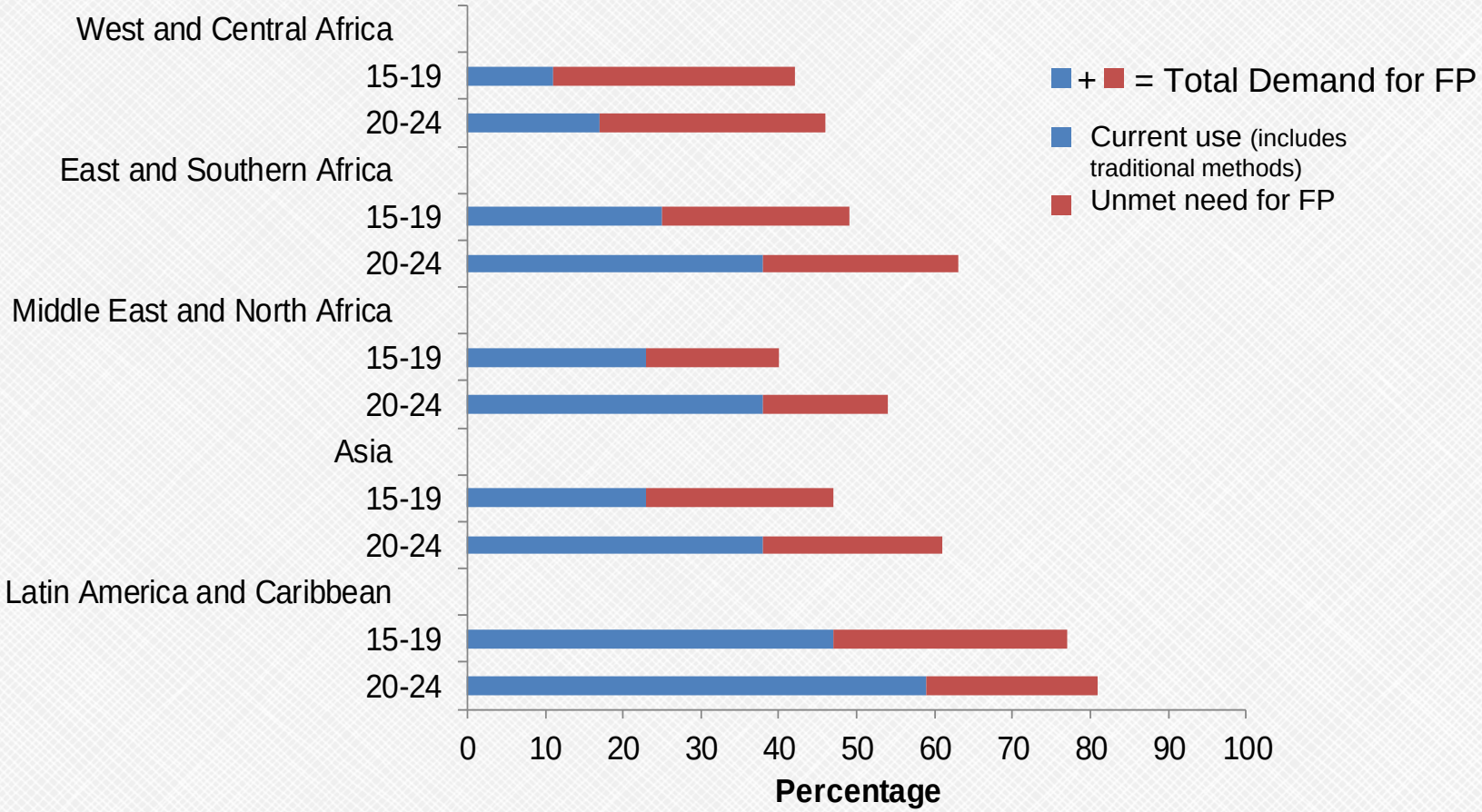
Photo by Staff/EngenderHealth

Photo by T. Kim/EngenderHealth

"High discontinuation in the past has contributed tens of millions of cases of unmet need, and discontinuation among current users will contribute even more cases [of unmet need] in the future."

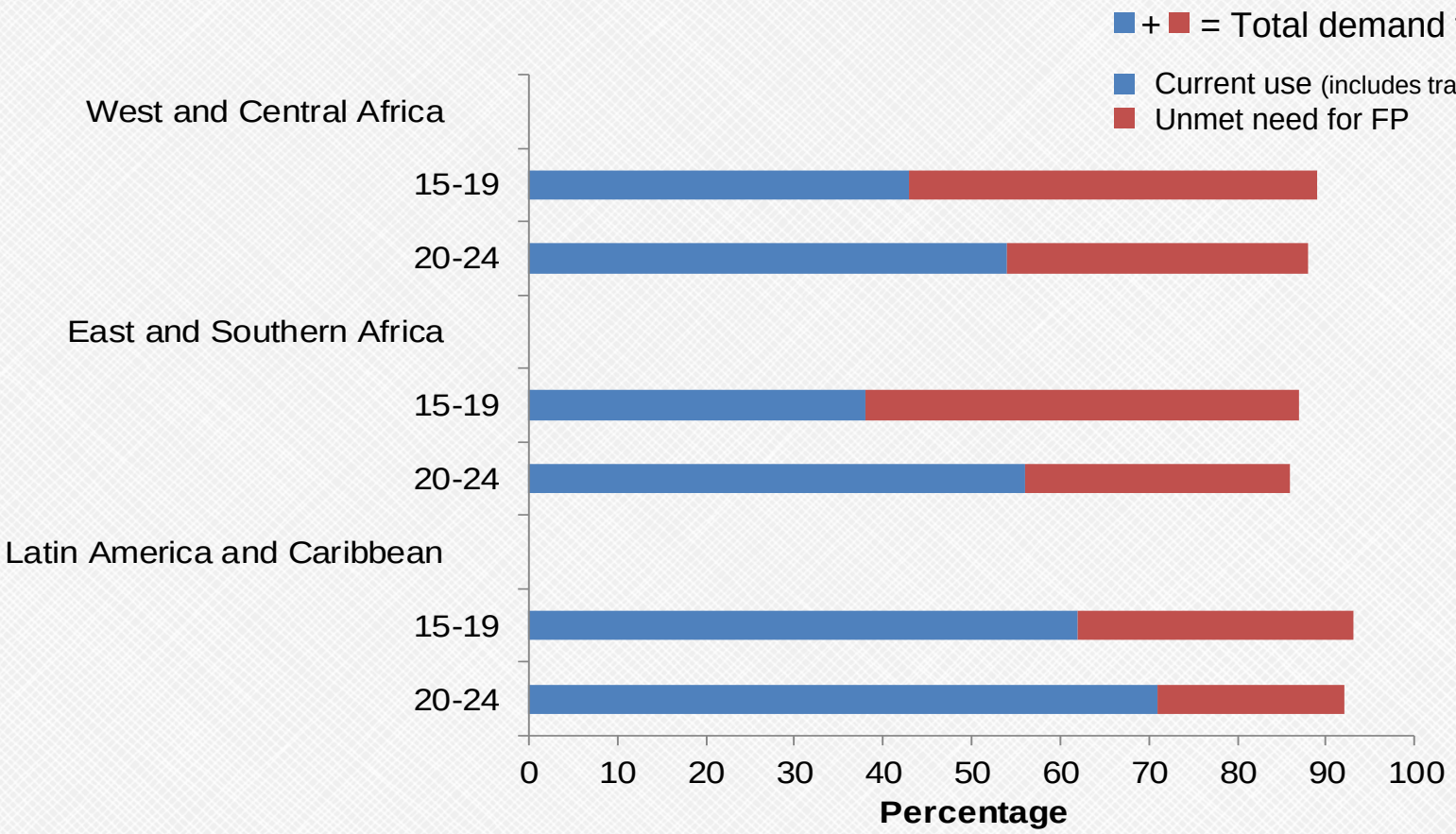
Source: Jain, Anrudh, Obare F, RamaRao S and Askew I, Reducing unmet need by supporting women with met need, *Intl Perspectives on SRH*, 2013, 39(3):133-141.

Young married women have high demand for FP and high unmet need



Source: Adapted from presentation by K. MacQuarrie, Measure DHS, Futures Institute, at Wilson Center, 9/17/13.

Demand for FP and unmet need are both even higher among sexually active unmarried women



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What does this imply for improving method mix? Focus on:

- **Domains** of **highest** unmet need:
  - ***Postpartum*** *women*
  - ***Youth*** *(**unmarried** as well as married)*
  - ***Discontinuers with unmet need***
  - ***Limiters*** *as well as spacers*
- **Continuation, including good counseling** and support for **switching methods** (if desired)
- **Increased availability** and **accessibility** of the **most effective methods**
- **Meeting clients' needs across their reproductive life cycle**
- Providing **quality** services that **expand choice** and **respect rights**

Photo by M. Tuschman/EngenderHealth

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