USAID
FROM THE AMERICAN PEOPLE

ISSUE BRIEF

Unmet Need for Family Planning

Women who prefer to space or limit births but are not using family planning are considered to have unmet need for family planning. More than 100 million women in the developing world, about 17 percent of all married women, would prefer to postpone their next pregnancy or not have any more children but are not using a modern method of contraception.(1) It is estimated that up to 100, 000 maternal deaths could be avoided each year if women who did not want children used effective contraception.(2) One harmful outcome of unintended pregnancy is abortion – an estimated 18 million abortions take place each year in the developing world, contributing to high rates of death and injury.

Contraceptive use in developing countries has grown dramatically since USAID began working in this area in 1965. Since then, use of modern methods of family planning has increased from 10 percent of women of reproductive age to more than 50 percent, and family size has gone from more than six children to nearly three. While family planning has been very successful, the number of women with unmet need remains high because of the increase in population size and because more and more people desire to space their births or have fewer children.(2)

How USAID Family Planning Programs Help

USAID is a world leader in designing and delivering high-quality, cost-effective voluntary family planning services to the developing world. By supporting culturally appropriate information campaigns, a variety of method choices, clinic sites that are accessible, and well-trained staff and counselors, USAID helps improve understanding of and access to quality family planning methods.

There are many reasons why women do not use modern methods of contraceptives. Prominently cited are lack of knowledge about contraception, health concerns, high costs, limited supplies, and cultural or personal objections.

Improving access and knowledge – Bangladesh: Surveys of women in 13 developing countries suggest many would use modern family planning if more accurate information, affordable services, and appropriate counseling were more easily available and accessible.(3) In Bangladesh, USAID innovations in community-based distribution services have evolved as women's status has changed. The approach began with a "doorstep delivery" effort that took services and information directly to women's homes. Since then, increased acceptance of family planning and women's increased mobility have permitted services at locations in their communities. At these sites, expanded health services can be provided, including child health, antenatal care, and immunizations.

Increasing contraceptive options – Mali: Increasing the range of methods available improves access. USAID conducts research to improve existing contraceptive technology, providing couples with choices among a wide range of effective and safe methods. In Mali, contraceptive use nearly tripled in villages where oral contraceptives (OCs) were added to barrier methods, which were already available. Before OC introduction, contraceptive prevalence was about 12 percent in 54 villages where condoms and spermicides were being offered. Contraceptive prevalence increased to 31 percent in 18 villages six months after OCs were also offered. "After training, Malian community-based workers were able to give accurate information about OC use to new clients, identify contraindications to OC use, prescribe pills safely, and monitor all clients taking the pill," said Dr. Seydou Doumbia, the program associate who helped analyze the impact of this project(4).

Increasing family support for family planning – Ethiopia: Women may not use contraception because of perceived or real opposition from their husbands. Other barriers can include the attitudes of mothers-in-law, extended families, and communities. USAID has developed programs so all members of a family can be educated to be more supportive of women's reproductive decisions. In Ethiopia, USAID supported projects that developed clinic-, community-, and workplace-based services; established health centers for young people; and worked with local nongovernmental organizations, including the Ethiopian Evangelical Church. From this effort came the country's first community-based reproductive health services program involving farmers, factory workers, dressmakers, artisans, and housewives as agents to help provide improved health and family welfare at the grassroots level in both rural and urban areas.

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(1) Ross, J. A., & Winfrey, W. L. (2002). Unmet Need for Contraception in the Developing World and the Former Soviet Union: An Updated Estimate. *International Family Planning Perspectives*, 28 (3). (2) World Health Organization (WHO). (2005). *World Health Report.* Geneva: WHO. (3) Bulatao, R. A. (1998). *The Value of Family Planning Programs in Developing Countries*. Santa Monica, CA: RAND (MR-978-WFHF/RF). (4) Doucour, A., Djeneba, D., Tour, F. et al. (1998). The effect of a family planning CBD project in Mali. In J. Foreit J & T. Frejka T (Eds.), *Family Planning Operations Research: A Book of Readings.* (pp. 113-118). New York: Population Council. (Accessed May 1, 2006 at http://www.fhi.org/en/RH/Pubs/Network/v19_3/CBDmeetsneeds.htm;)