



POLICY Project Briefing Paper

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

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.¹ 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 Niger.

What is unmet need for family planning?

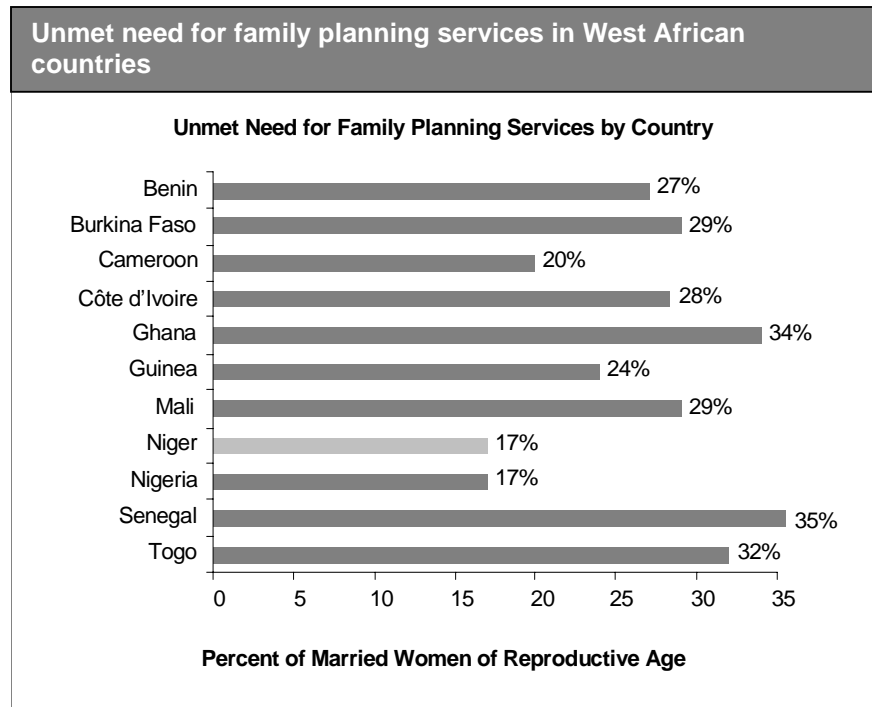
According to the DHS definition used in this series of briefs, a woman has an unmet need for contraception if she is fecund, sexually active, not using any contraceptive methods, and does not want a child for at least two years (“spacers”) or wants no more children (“limiters”). This definition produces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

¹ 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.

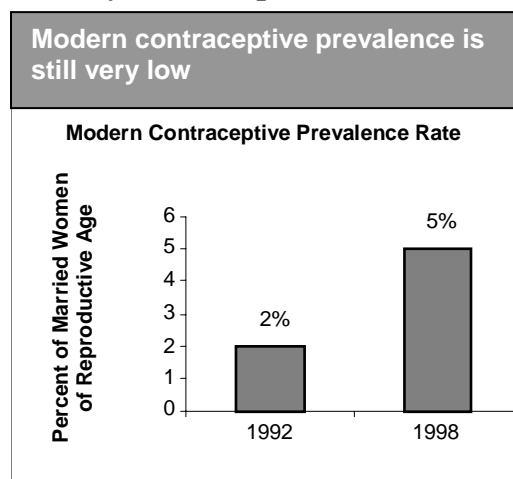
Despite these changes, some countries have lagged behind the reproductive revolution. In these countries, fertility remains high and contraceptive use is still low. It is in these countries that we find the highest levels of unmet need for family planning. And the urgency of rapidly expanding family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

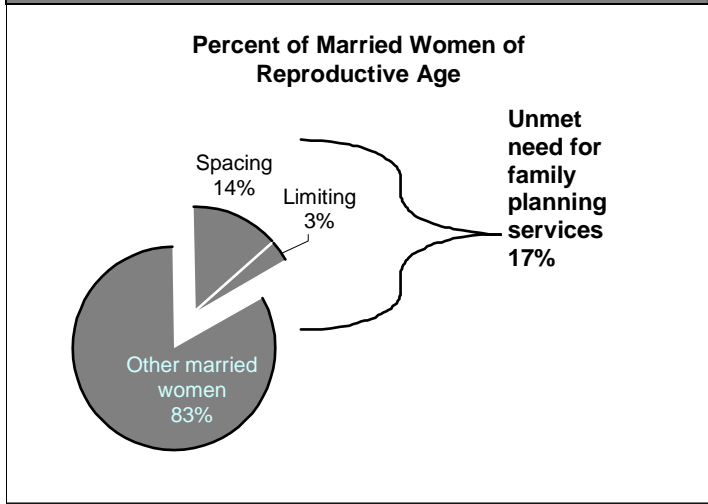
Fertility, contraceptive use, and unmet need in Niger



Niger had two demographic and health surveys (Enquêtes Démographiques et de Santé [EDSN]), in 1992 and 1998. The fertility rate, or the average number of children per woman, is very high and was reported to be 7.4 in 1992 and 7.5 in 1998. Modern contraceptive use among married women of reproductive age remained very low, rising only from 2 percent in 1992 to 5 percent in 1998.

EDSN 1998 reports that 17 percent of married women of reproductive age can be classified as having an unmet need for family planning. If Niger were able to satisfy some of this unmet need, it could make

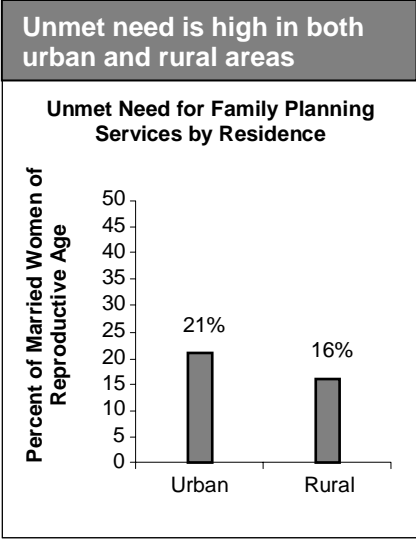
About 17% of married women of reproductive age have an unmet need for family planning



significant strides in expanding family planning services. “Spacers” are more common than “limiters.” About 14 percent of married women of reproductive age would like to space their next birth for about two years, while 3 percent would prefer not to have any more children. If Niger 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.

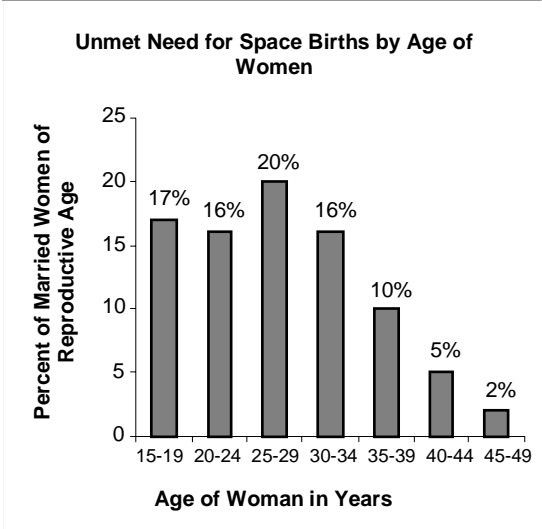
What are some of the characteristics of women with unmet need in Niger?

Residence. Unmet need is higher in urban areas (21%) than in rural parts of the country (16%). Opportunities exist to expand and improve family planning services to meet the needs of women in both cities and the countryside.

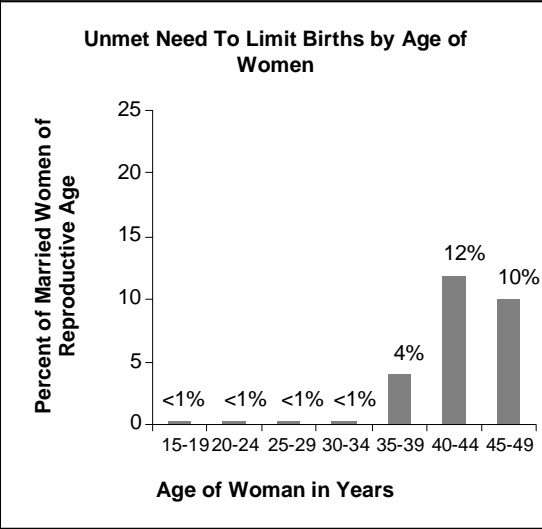


Age. The relationship between unmet need and age depends on whether the need is for family planning to space or to limit births. The unmet need to space births is highest among women ages 15–34 and lower among

Unmet need to space births is highest among younger women



Unmet need to limit births is highest among older women

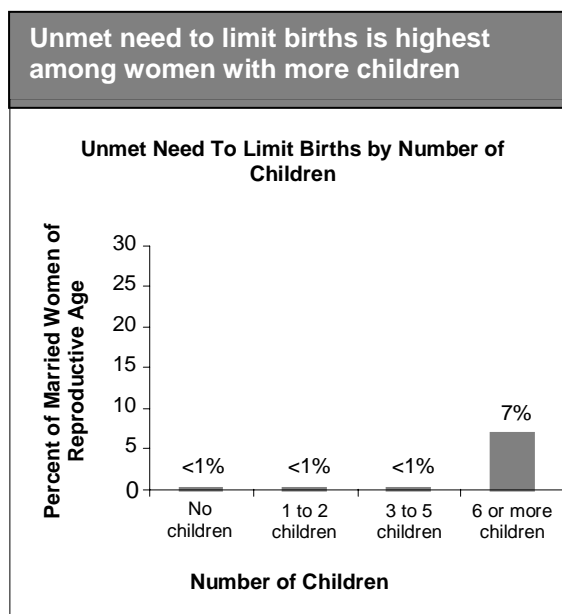
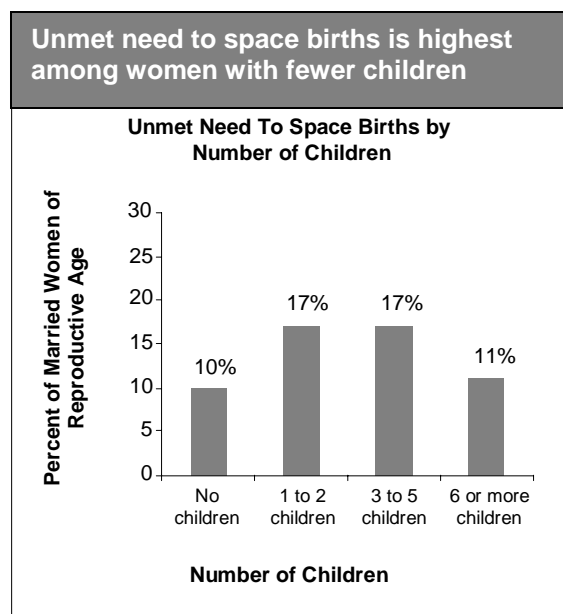


older women. By contrast, the unmet need for limiting is low among younger women and high among women over the age of 40. This suggests that there are considerable opportunities to meet family planning needs by promoting methods to space births among younger women and promoting methods for limiting among older women.

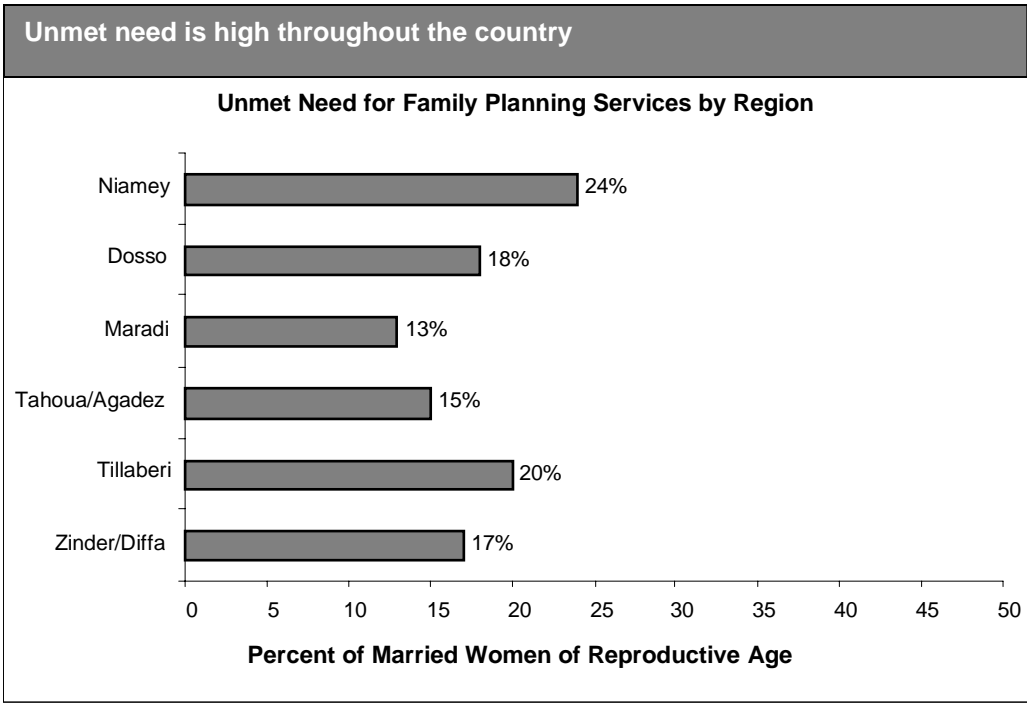
Education. Unmet need is not strongly related to educational background. Women with four or more years of primary school actually have a higher unmet need than women with three or fewer years of primary schooling or no education at all.

Household wealth. EDSN responses can be used to divide households into wealth classifications: highest, second, middle, fourth, lowest. 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 Niger, however, household wealth does not have a strong association with unmet need for family planning services. Women in households with access to more resources have just about the same unmet need as women in poorer households.

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. About 17 percent of married women with one or two children and nearly 17 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 larger number of children. About 7 percent of women with six or more children have an unmet need for limiting.

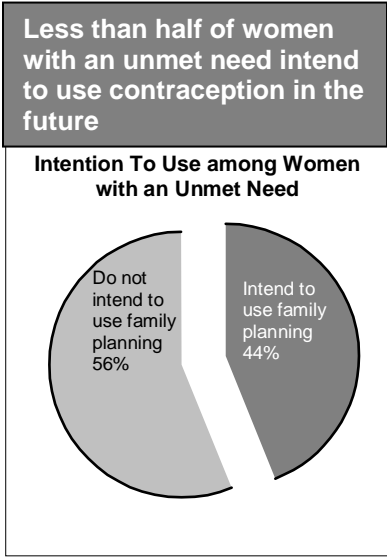


Region. Unmet need is highest in Niamey. In particular, the unmet need for limiting in Niamey is more than double the level in the rest of the country. The lowest level of unmet need is in Maradi.

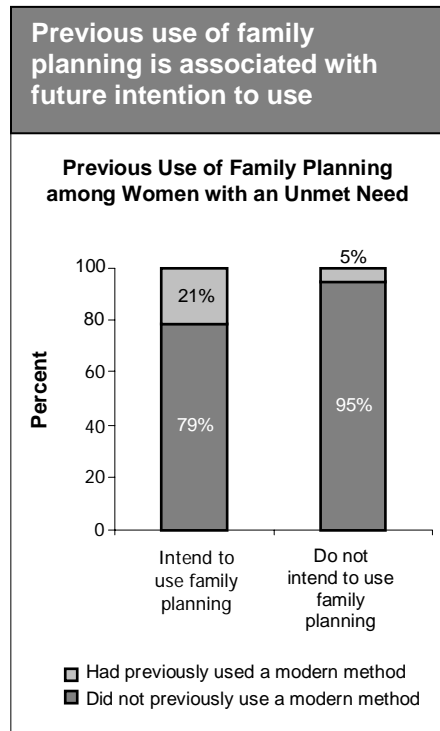


Unmet need and intention to use contraception in the future

EDSN 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. However, in Niger, just 44 percent of women with an unmet need for family planning report that they intend to use some form of modern contraception in the future. About 48 percent of women with an unmet need for spacing and about 27 percent of women with an unmet need for limiting indicate their intention to use family planning.



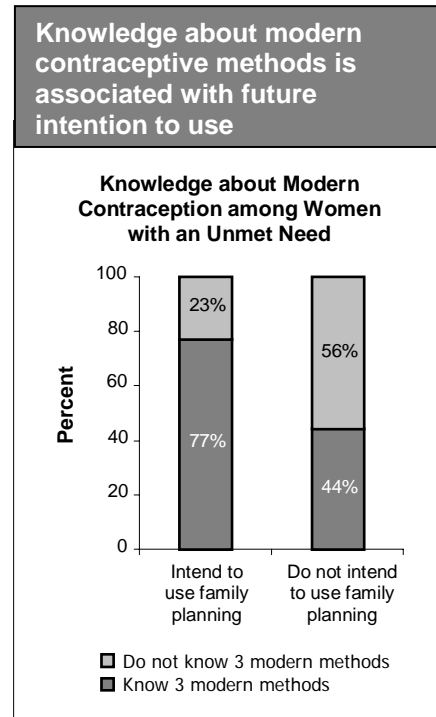
Previous family planning use, knowledge, communications, and associations with intention to use



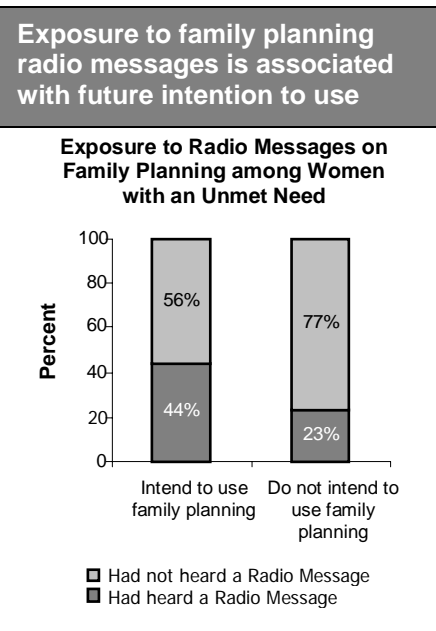
Previous family planning use. Previous use of family planning is associated with intention to use. About 21 percent of those with an unmet need who intend to use in the future had previously used a modern method; however, only 5 percent of women with an unmet need who do not intend to use in the future has used a modern method in the past.

Knowledge about modern methods. Knowledge about family planning methods had a noteworthy association with future intention to use. About 77 percent of women

with an unmet need who intend to use in the future know at least three modern methods of family planning; by comparison, 44 percent of women who do not intend to use are familiar with at least three modern methods of family planning.



Discussion of family planning with partner. Whether a woman has discussed family planning with her partner is also associated with her future intentions. About 46 percent of those women with an unmet need who intend to use in the future had discussed family planning with their partners, but only 17 percent of those who do not intend to use in the future had discussed family planning with their partners.

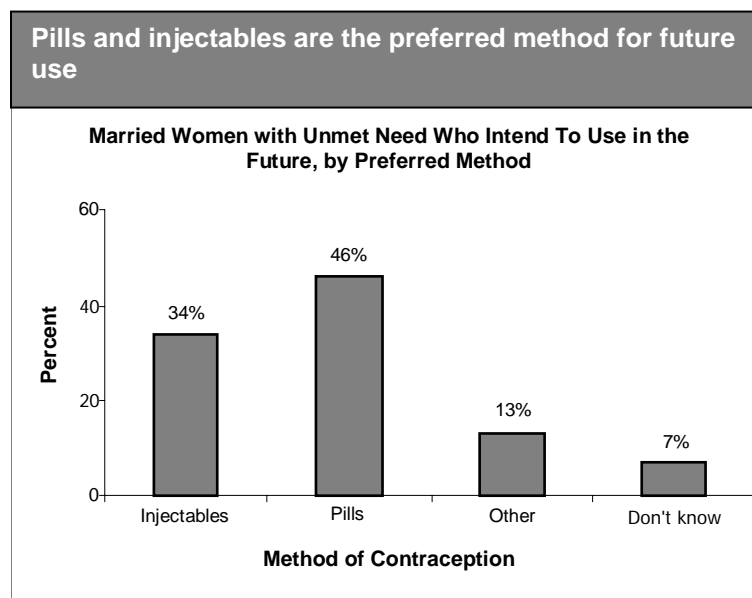


Exposure to media messages. The percentage that heard or saw family planning messages on the radio or television or in the newspapers had some association with the intention of women with unmet need to use family planning in the future. For example, 44 percent of those women with unmet need who intend to use in the future had heard a family planning message on the radio at sometime during the month preceding the

survey. In contrast, 23 percent of women with unmet need who do not intend to use in the future had heard a similar message.

Contact with family planning workers. Contact with family planning workers also had an association with future intention to use. In Niger, 35 percent of women with unmet need 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, while only 17 percent of those women who do not intend to use in the future had contact with a family planning worker.

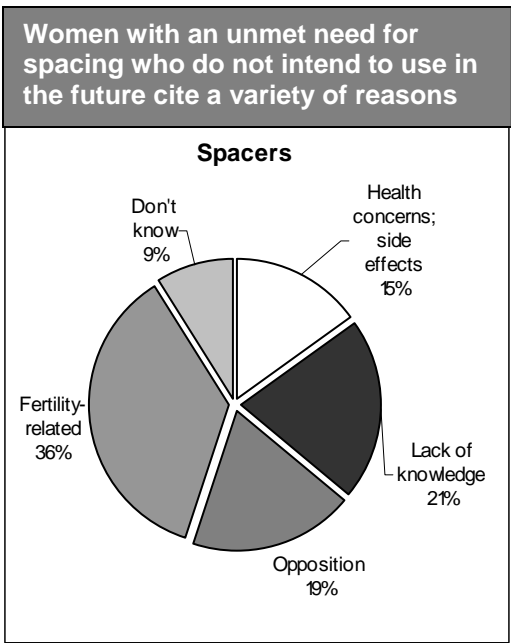
Preferred contraceptive methods among women with an unmet need for family planning who intend to use in the future



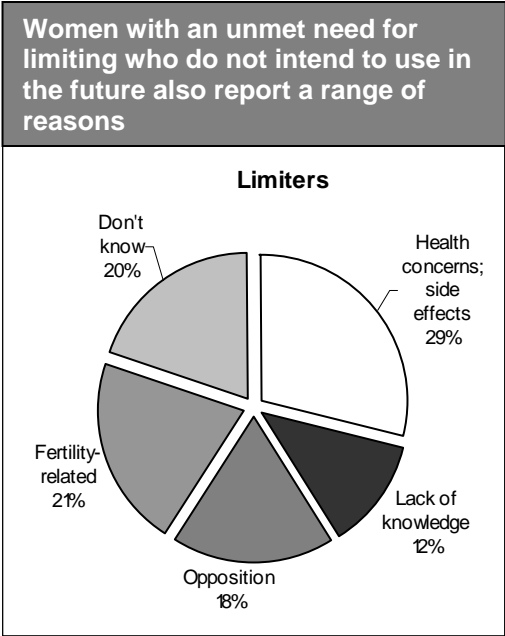
Program managers can design more effective interventions when they know the preferred methods of those women with an unmet need for services that intend to use contraception in the future. The most preferred future methods are the same for both spacers and limiters: injectables and pills. Spacers identify pills as the most likely method for future use, while limiters say they are most likely to use injectables. Overall, among women with an unmet need who intend to use in the future, 46 percent prefer pills while 34 percent would choose injectables.

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

Perhaps the most striking feature of the situation in Niger is that 56 percent of women with an unmet need for family planning services do not intend to use contraception in the future. Program managers need to know what is keeping so many women with an unmet need from use of contraception in the future. Among women with an unmet need for family planning for spacing, 36 percent cite fertility-related reasons, primarily a desire for more children. This suggests that a large proportion of women are concerned that contraceptive use will interfere with future childbearing. Another 21 percent don't know a method or don't know a source for family planning. About 19 percent report religious, cultural, family, or personal opposition, while another 15 percent indicate potential health problems or side effects as the primary reason they do not intend to use family planning in the future.



Among those women who would like to limit births but who do not intend to use family planning in the future, nearly 29 percent report they are concerned with potential health problems and side effects. Another 21 percent cite fertility-related reasons, primarily infrequency of sexual relations, while 18 percent indicate religious, cultural, family or personal opposition.



Summary

Some key points emerge from this brief. First, there is a very high level of unmet need for family planning services in Niger. Expanding and improving family planning services would help respond to the expressed desires of Nigerian 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. 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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