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PFHS-380.665 FAMILY PLANNING POLICIES AND PROGRAMS

Demand-Supply Framework for Family Planning Program Analysis and Unmet Need for Contraception

W. Henry Mosley

A. Supply of, and demand for children with socio-economic development (Easterlin model)

1. Demand = number of surviving children parents would have if fertility regulations were costless.
2. Supply = number of surviving children couples would have if they made no deliberate attempt to limit family size.
3. Cost of fertility regulation = economic, psychic, health and social costs of acquiring and using contraception and abortion.

B. Demographic indicators of the demand-supply framework

1. *Contraceptive prevalence* as a measure of “met” demand for fertility limitation .
2. *Unmet need for family planning* measured as proportion of women in a sexual union desiring to space or limit childbearing and not using contraception
3. *Total potential demand for family limitation* measured by contraceptive use plus unmet need.
4. *Latent demand* (for controlling childbearing) measured as difference between achieved fertility and desired fertility, or as level of *unintended, or unwanted childbearing*.
5. *Overt demand* for controlling childbearing as measured by the *total abortion rate*

C. Unmet need for family planning

The unmet need group includes all fecund women who are married or living in union - and thus presumed to be sexually active - who are not using any method of contraception and who either do not want to have any more children or who want to postpone their next birth for at least two more years.

The unmet need group also includes all pregnant married women, and women who have recently given birth and are still amenorrheic if their pregnancies/births are unwanted or mistimed because they were not using contraception.

D. Levels and trends in unmet need

Changing patterns with declines in desire for children and with increasing levels of contraceptive prevalence. Unmet need is highest in the early post-partum period and falls as the time since last birth gets longer.

E. Expanded formulations of unmet need

1. As it relates to contraceptive methods:

- using ineffective methods
- using an effective method incorrectly
- using a method that is unsafe or unsuitable for them

2. As it relates to risk groups:

- unmarried women
- sexually active youth
- separated, divorced, widowed

F. Reasons for unmet need

1. Provider constraints

Limited access to services

Medical barriers

Quality of care

2. Client constraints

Lack of information

Health concerns

Opposition from family and community

Ambivalence

G. Intention to Use a Method

Intention to use a contraceptive method in the future is also measured in the DHS surveys based on women's own statements. Not all women with an "unmet need" express an intention to use in the future (for reasons given above), while many women who do not have an unmet need will express an intention to use in the future. In fact, the women without an unmet need who intend to use outnumber the women with an unmet need who intend to use in many countries. (Ross and Heaton, 1997). This "discrepancy" relates to the procedure for defining unmet need.

H. Implications of unmet need for family planning

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