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JOHNS HOPKINS
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Family Planning Policies and Programs

Henry Mosley

Session 3 Slides

Family Planning Policies and Programs

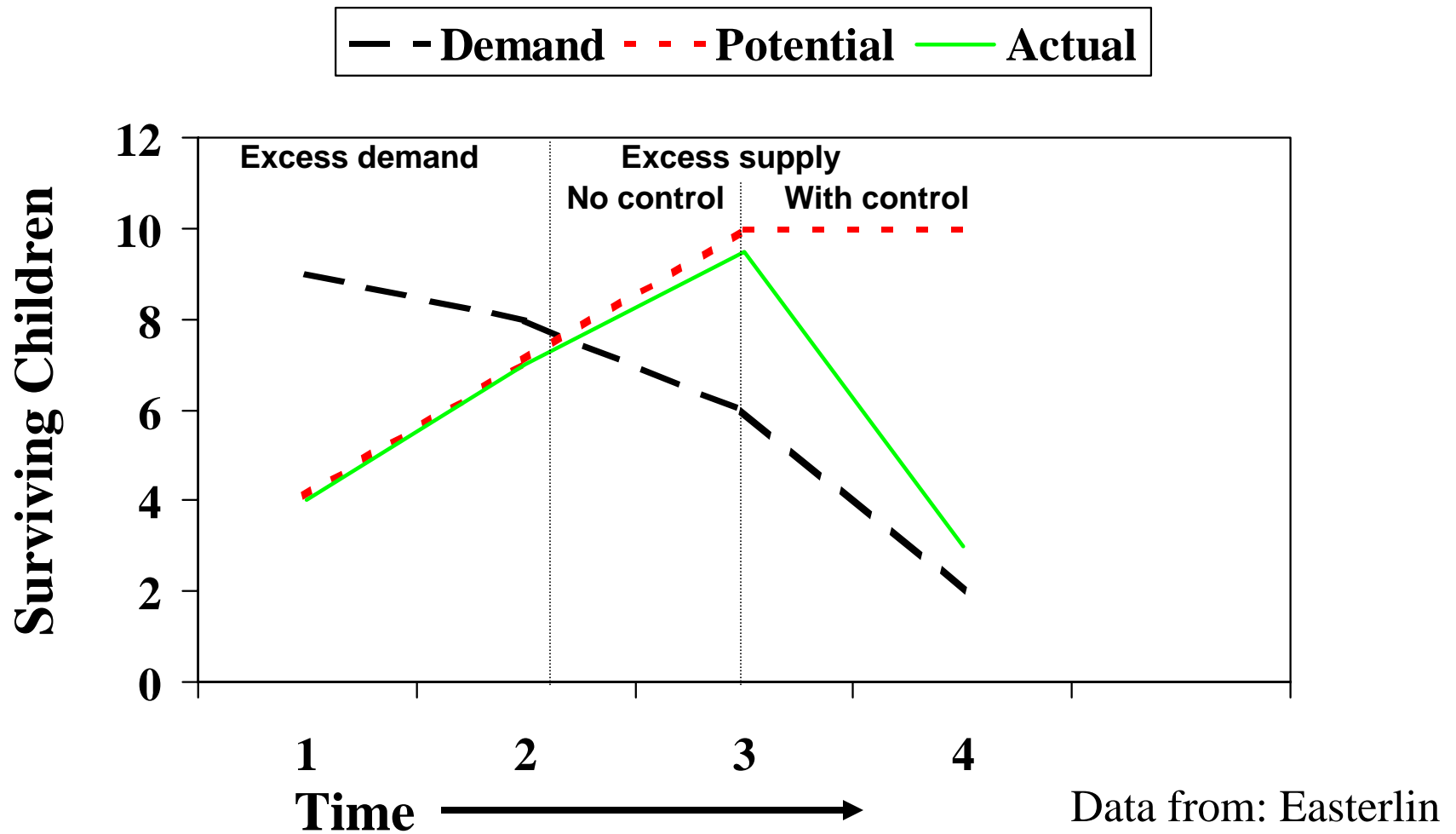
*Supply, Demand and Unmet Need
for Contraception*

W. Henry Mosley

Supply of, and Demand for Children with Socio-economic Development (Easterlin Model)

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

Illustrative Trends in Demand for Children and the Potential and Actual Supply of Children During the Demographic Transition



Demographic Indicators of the Demand-Supply Framework

a. Measured by contraceptive use/non-use

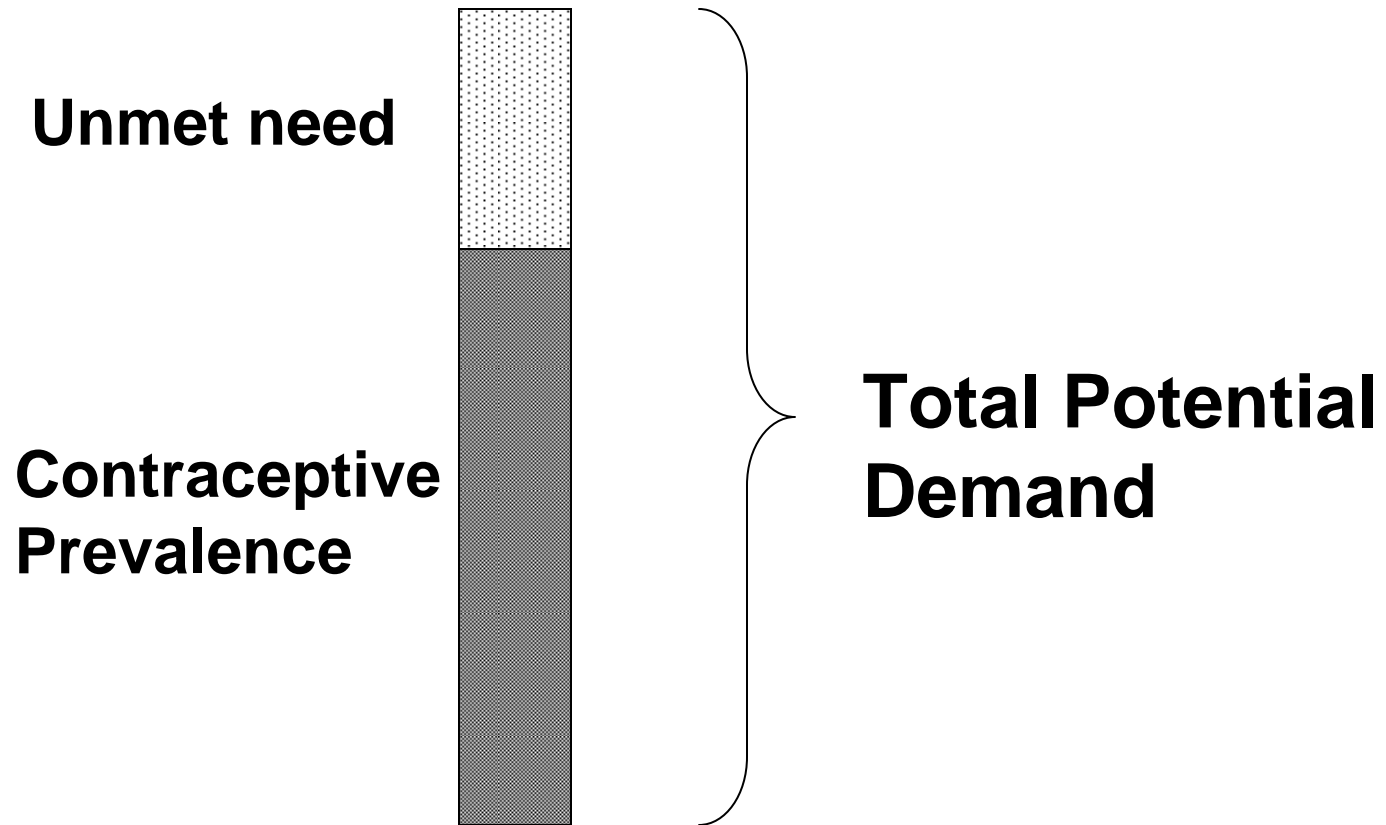
1. Contraceptive prevalence is a measure of “met” demand for fertility limitation .

2. Unmet need for family planning is measured as the proportion of women in a sexual union desiring to space or limit childbearing and not using contraception

3. Total potential demand for family limitation is measured by contraceptive use + unmet need.

Demographic Indicators of the Demand-Supply Framework

a. Measured by contraceptive use/non-use



Demographic Indicators of the Demand-Supply Framework

b. As measured by fertility and abortions

1. Latent demand (for controlling childbearing) is measured as the difference between achieved fertility and desired fertility, or as level of *unintended, or unwanted childbearing*.

2. Overt demand for controlling childbearing is measured by the *total abortion rate*

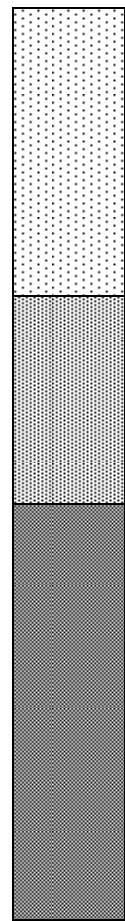
Demographic Indicators of the Demand-Supply Framework

b. As measured by fertility and abortions

Abortions (TAR)
= overt demand

**Unintended or
unwanted births**
= latent demand

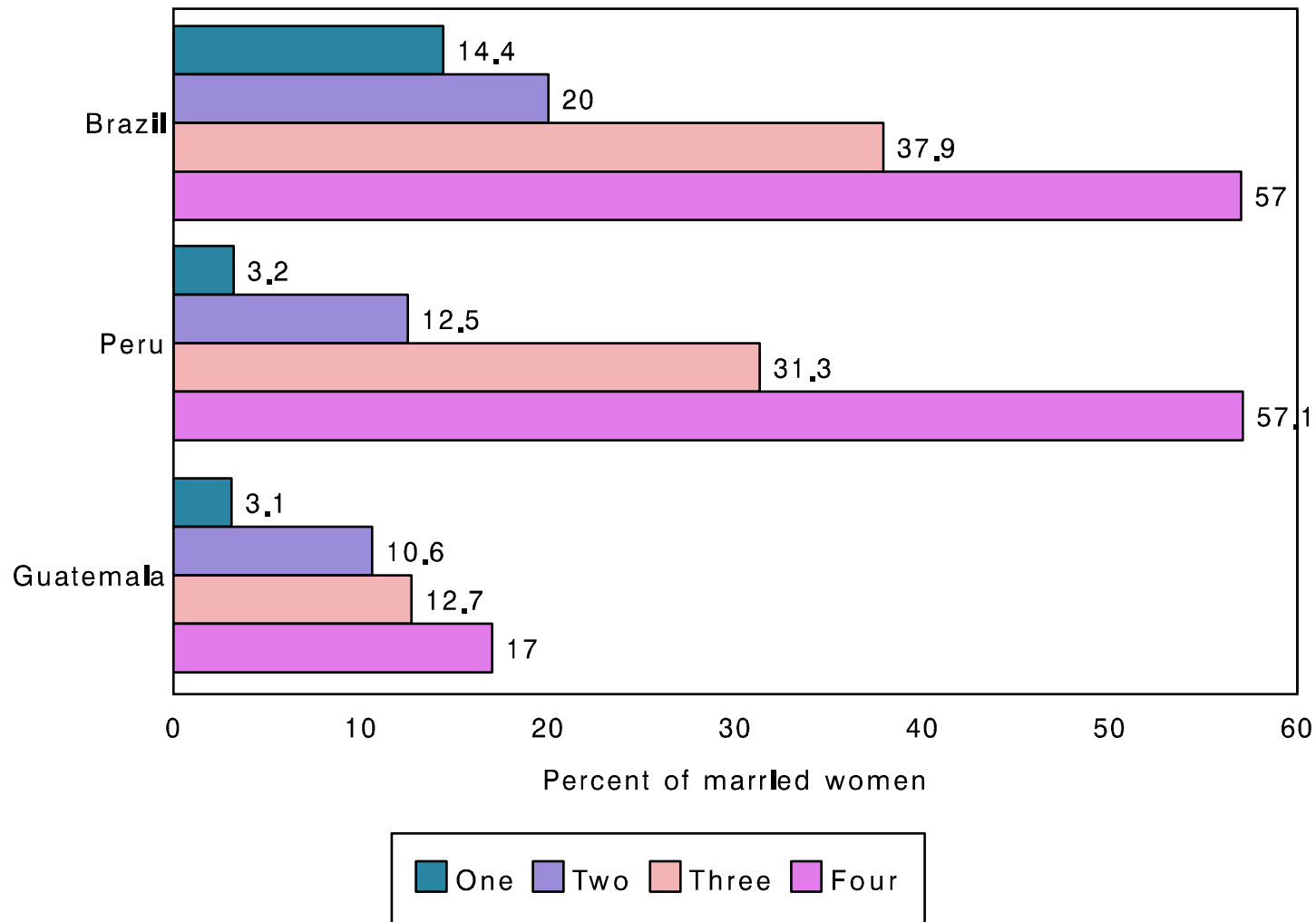
Wanted births
= intended or
desired fertility



**Achieved
Fertility (TFR)**

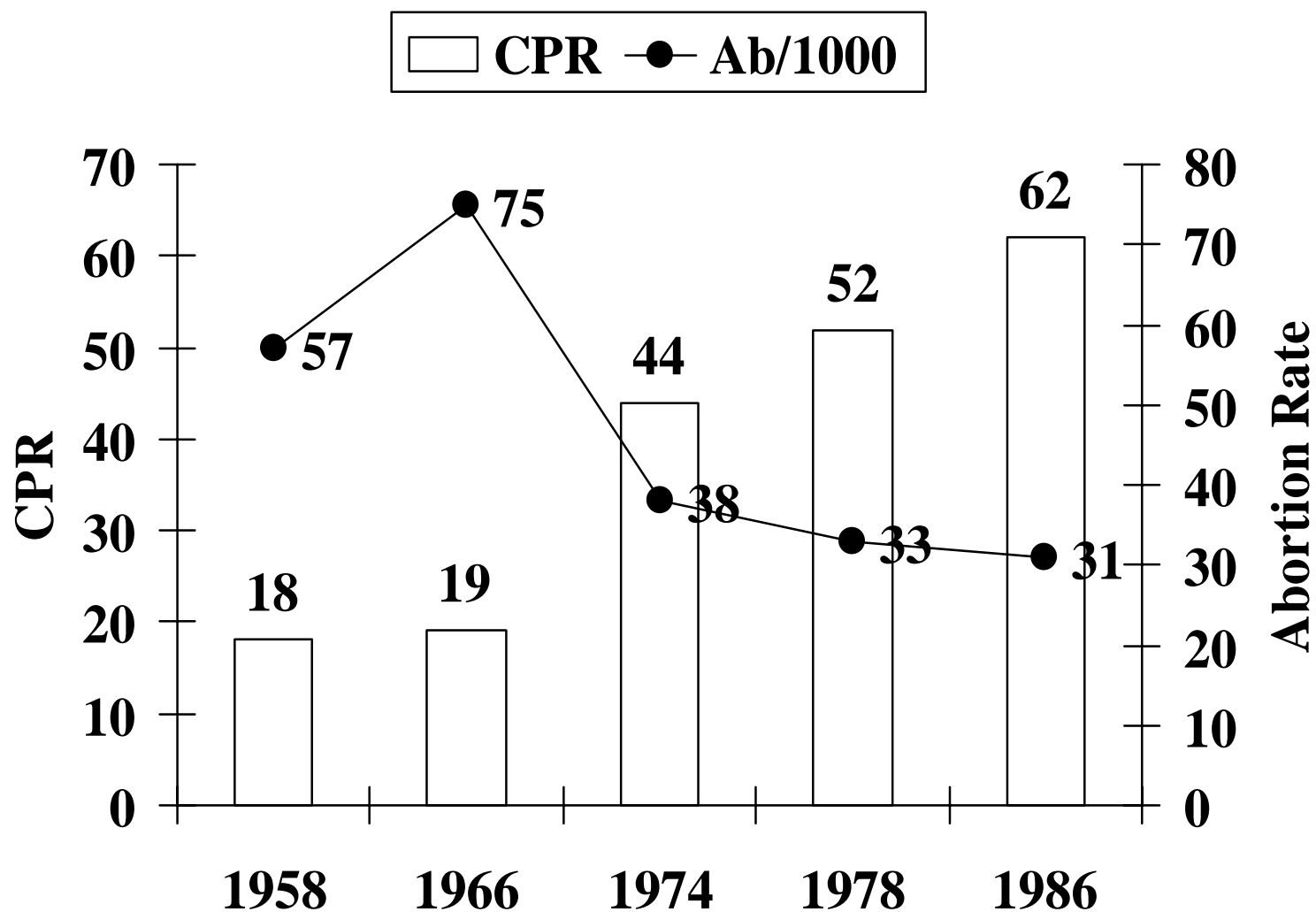
Percent of Women Who Do Not Want Last Birth, by Number of Living Children

Selected Developing Countries



Source: Demographic and Health Surveys (DHS)

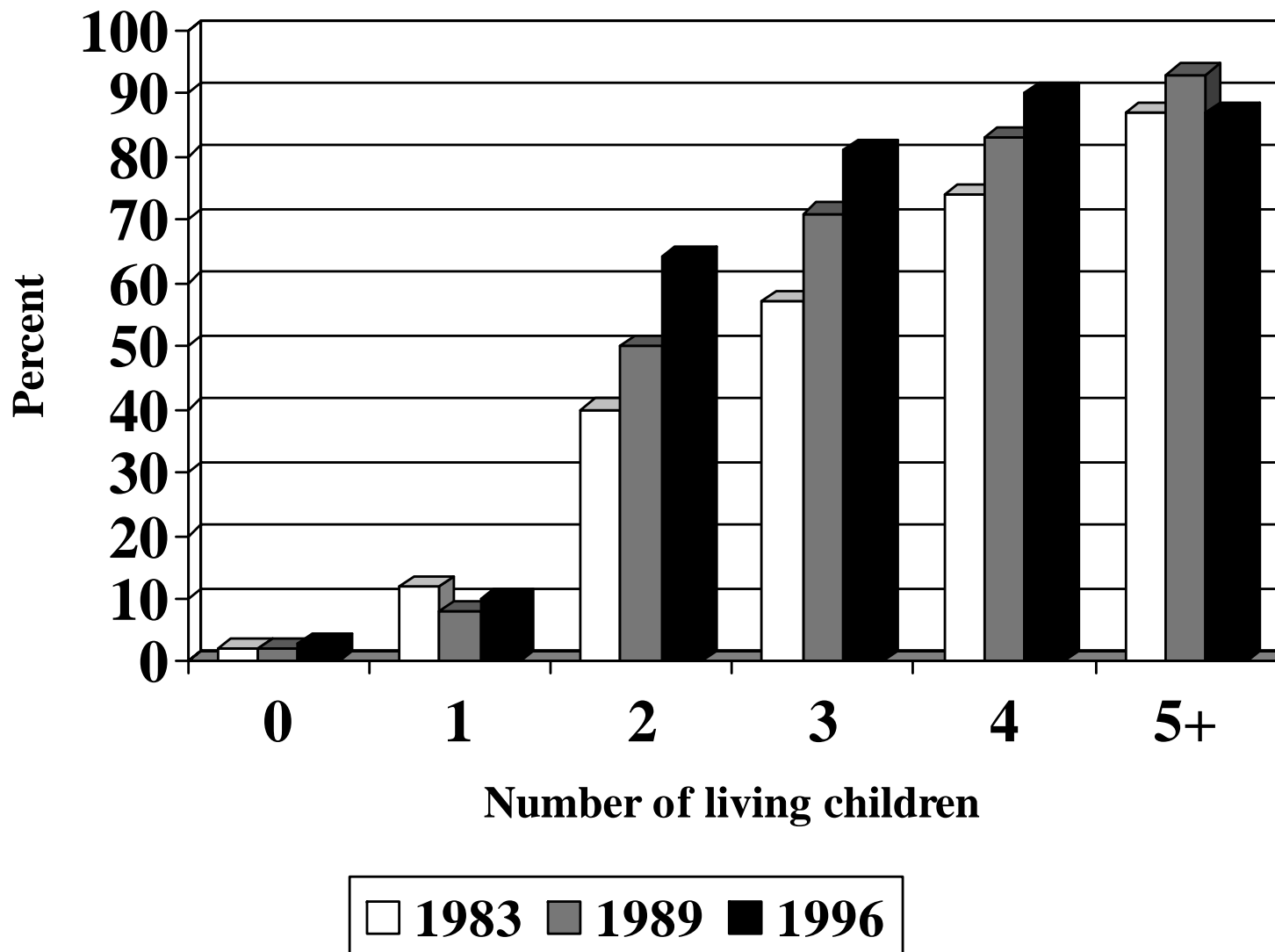
Relationship of Contraceptive Prevalence to Abortion, Hungary



Desire for More Children vs. “Unmet Need” and “Demand for Contraception”

1. Desire for more children is *directly measured*, and is an essential component in estimating unmet need.
2. Unmet need is only measured indirectly among a subgroup of women not using contraception.
3. Demand for contraception combines the unmet need plus the contraceptive prevalence

Bangladesh – Percent of women wanting no more children by number of living children, 1983, 1989, 1996



Unmet Need for Contraception

Women are defined as having an unmet need if they are:

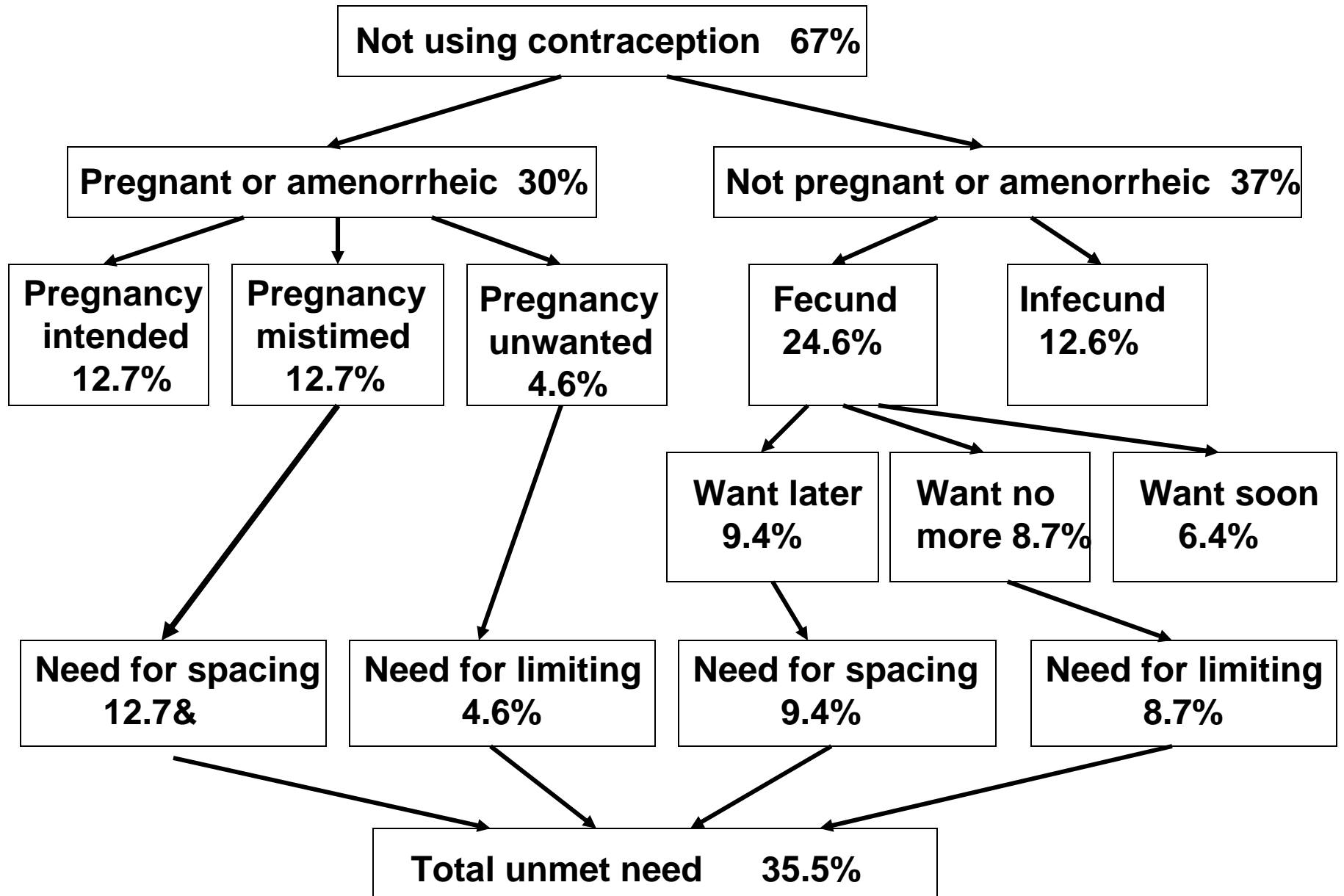
- fecund
- married or living in union
- not using any contraception
- do not want any more children, or
- want to postpone for at least two years

Unmet Need for Contraception

Unmet need also includes:

- pregnant or amenorrheic women
 - with unwanted or mistimed pregnancies/births, and
 - not using contraception at time of last conception

Defining Unmet Need - Kenya, 1993



“Demand for Contraception” by Women’s Age. Kenya, 1993

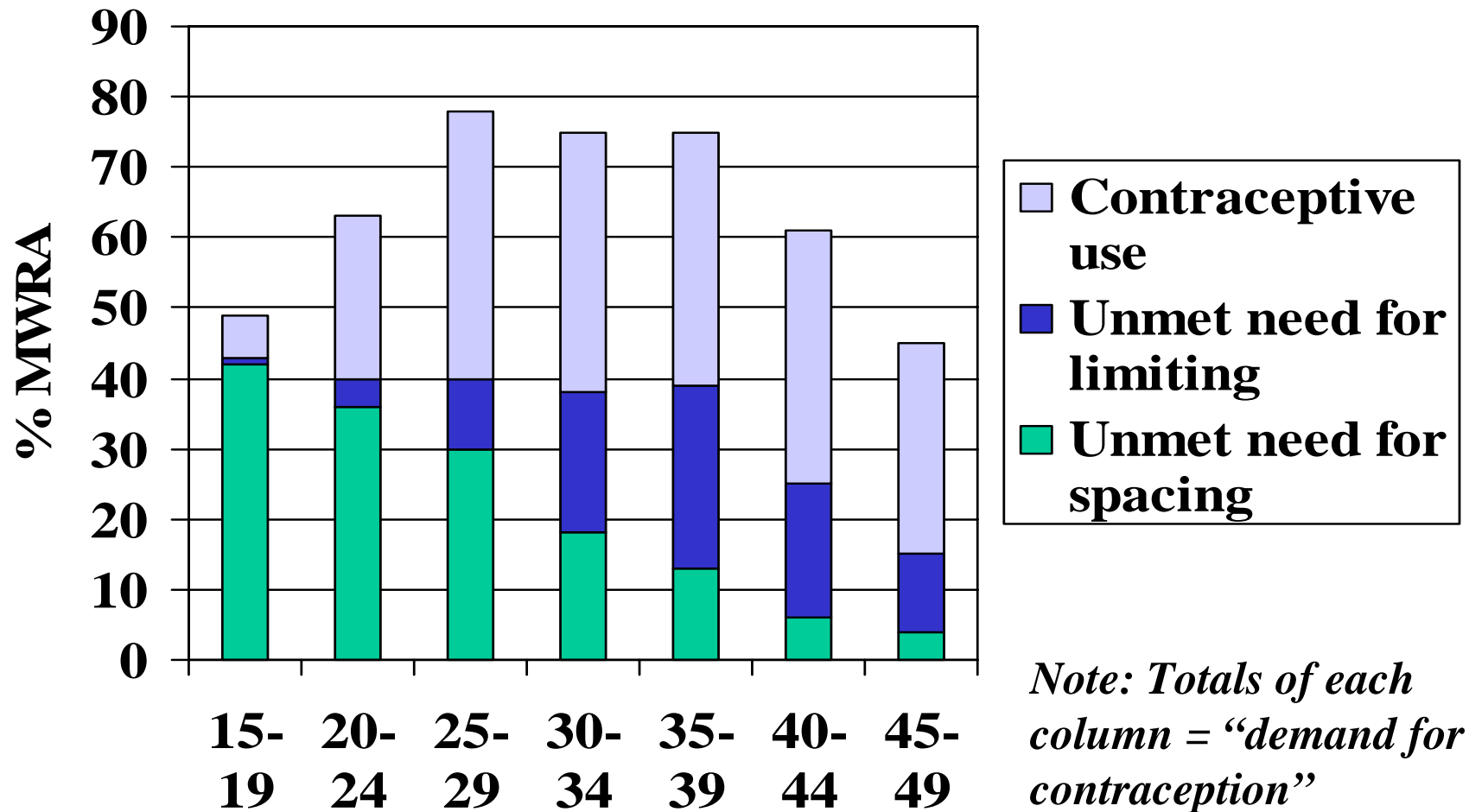
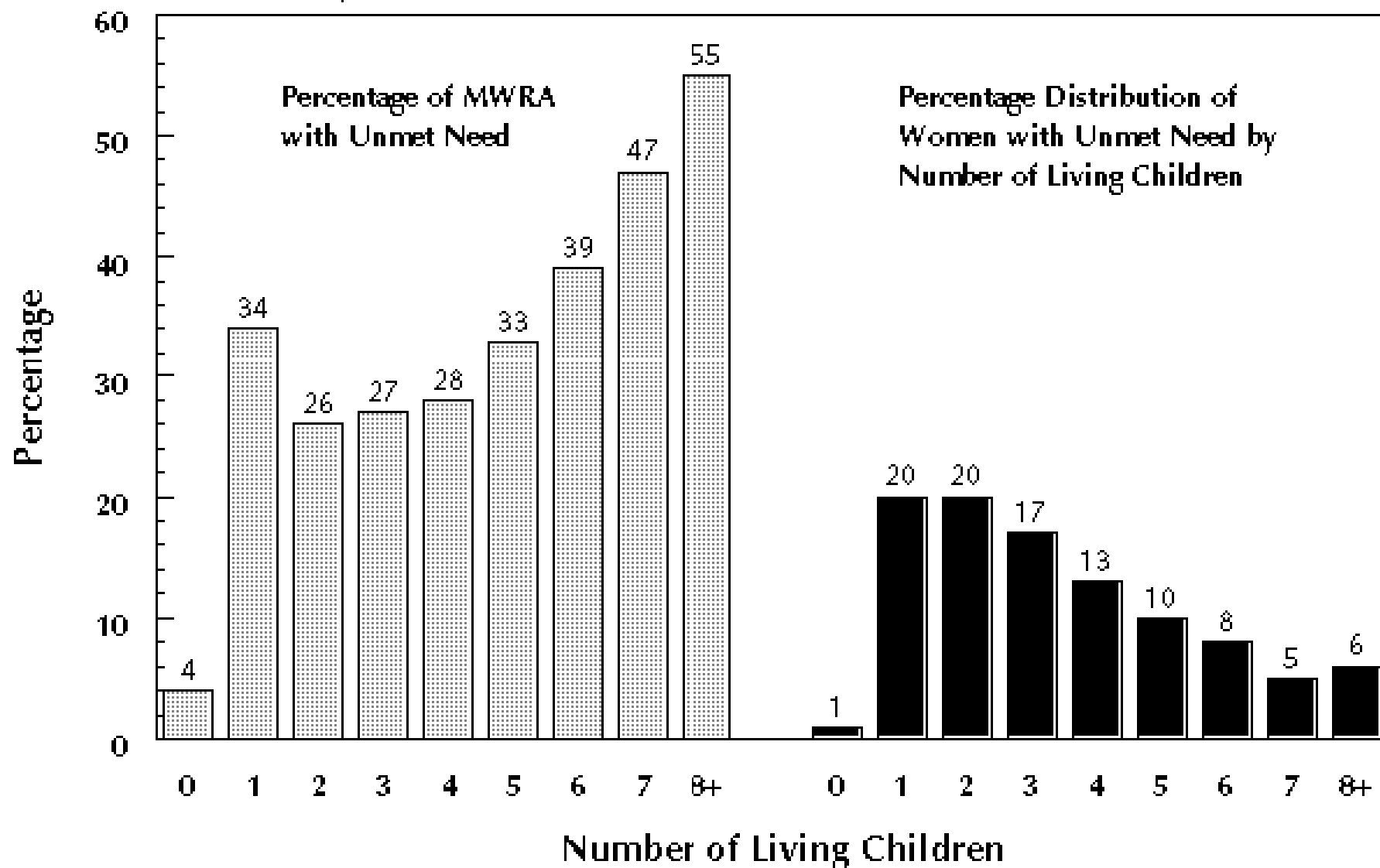
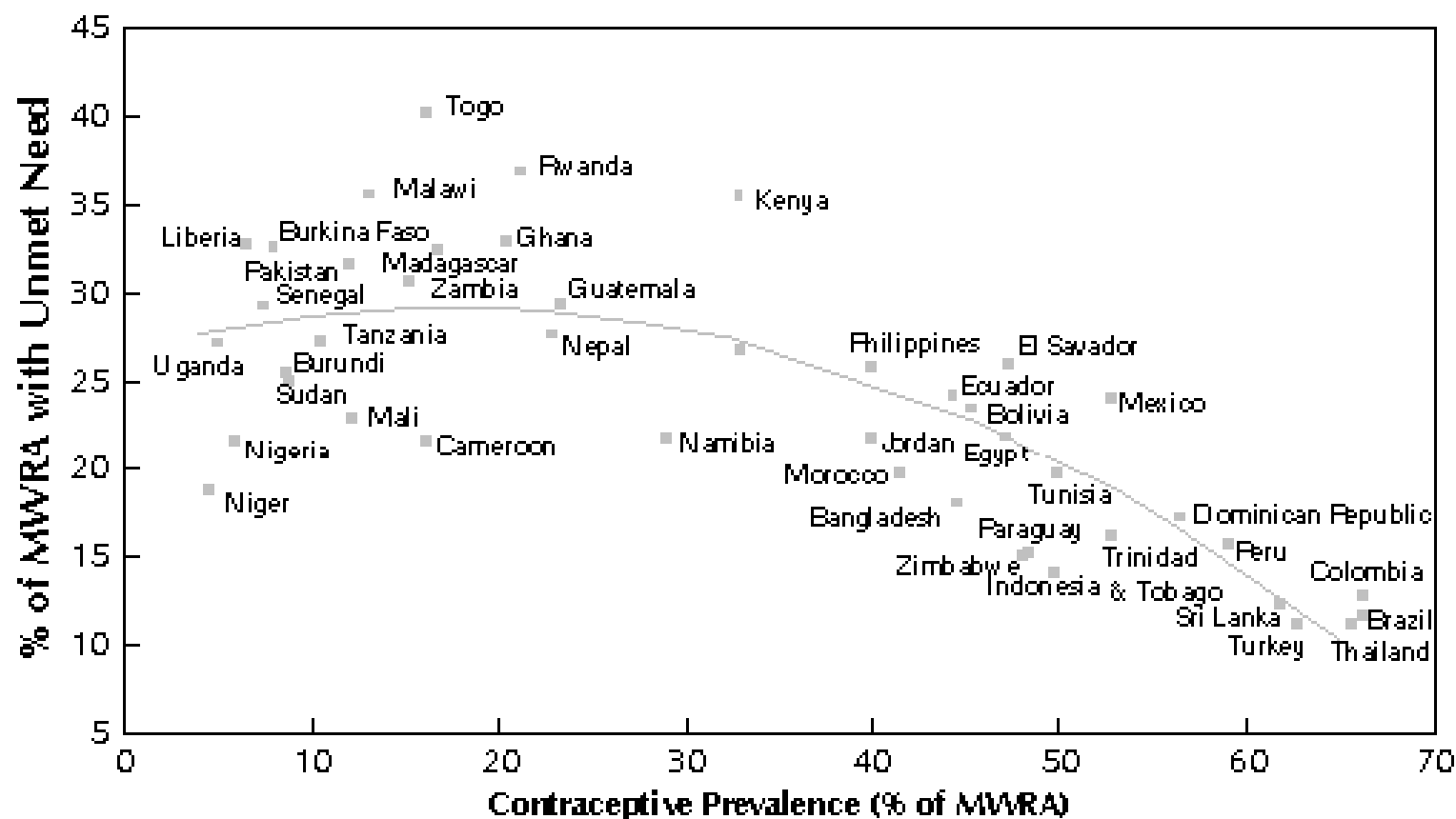


Figure 12. Number of Living Children and Unmet Need, Vietnam, 1988



MWRA = married women of reproductive age
 Source: Ross 1994 (178)

Figure 2. Relationship Between Contraceptive Prevalence and Unmet Need



Note: A curved regression line (the solid line) fits the data significantly better than a straight line.

MWRA = married women of reproductive age Source: Demographic and Health Surveys

Relationship of Unmet Need to Contraceptive Prevalence (Countries with two data points)

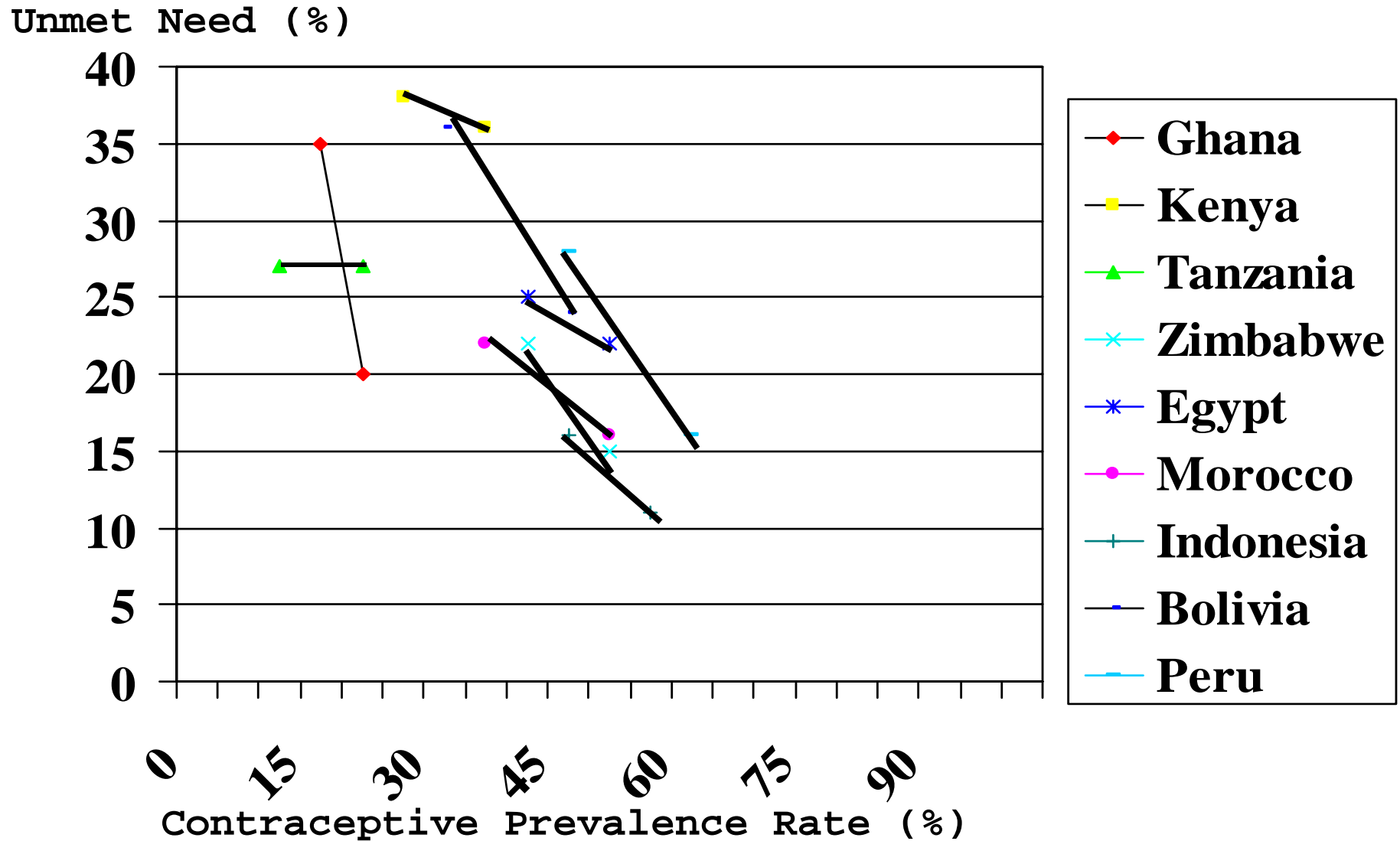
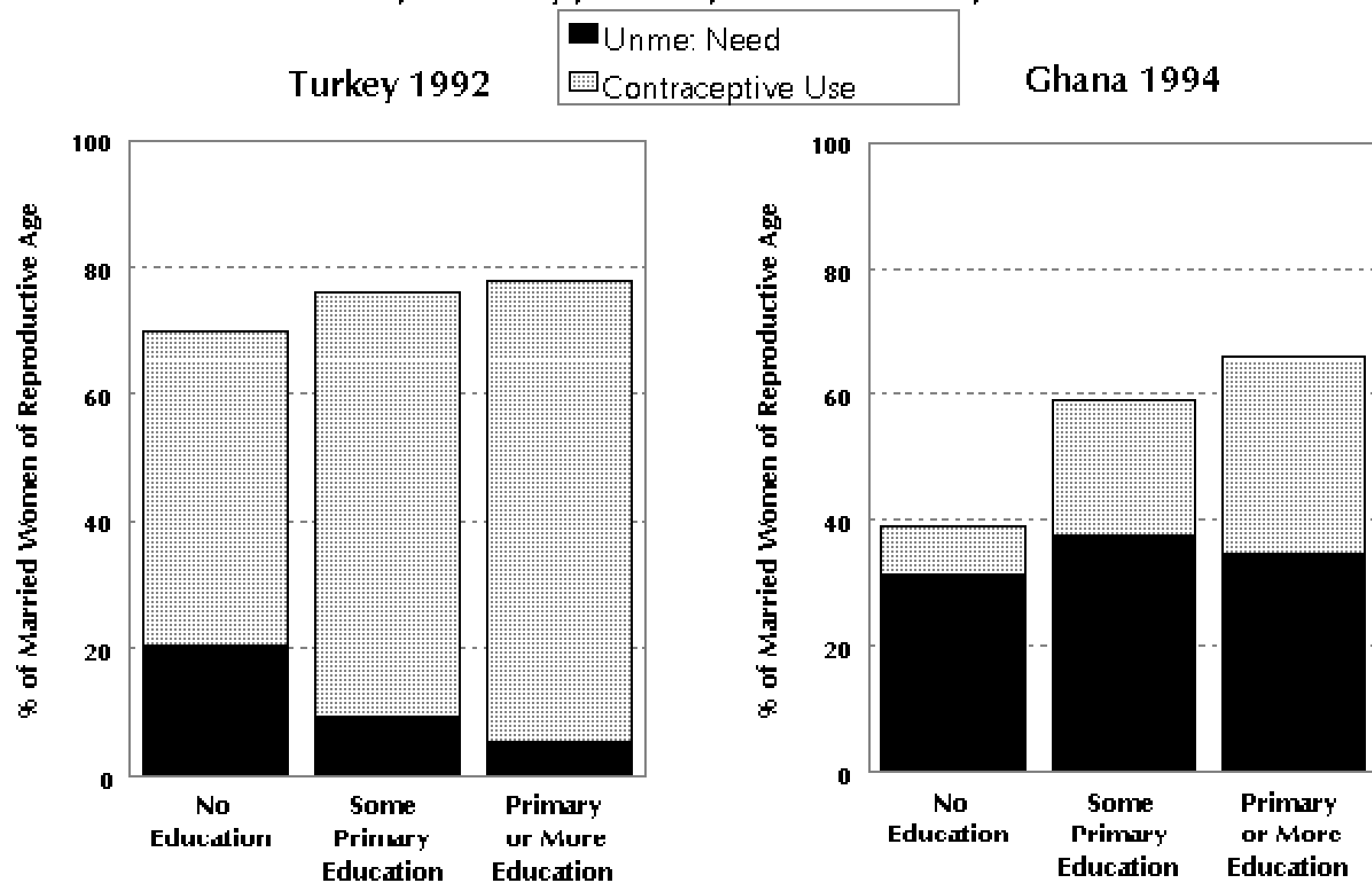


Figure 10. Unmet Need and Contraceptive Use by Women's Educational Level, Turkey, 1992, and Ghana, 1994



Source: Demographic and Health Surveys

Population Reports

Expanded Definitions of Unmet Need

May include women who:

- are using an ineffective method
- are using a method incorrectly
- are using an unsafe method
- are using an unsuitable method

Reasons for Unmet Need

1. Lack of access
 - to preferred method
 - to preferred provider

Physical distance may not be of major importance, but other “costs” are, such as monetary, psychological, physical, and time.

Reasons for Unmet Need

2. Poor quality of services provided.

This includes:

- choice of methods
- provider competence
- information given to clients
- provider-client relationships
- related health care services
- follow-up care

Reference: Judith Bruce Framework

Reasons for Unmet Need - cont.

3. Health concerns

- actual side effects
- fear of side effects

4. Lack of information and misinformation about:

- available methods
- mode of action/how used
- side effects
- source/cost of methods

Reasons for Unmet Need - cont.

5. Family/community opposition (power relationships in the household)

- pronatalist
- concerns about unfaithfulness
- fear of side effects
- objections to male providers
- religious objections

Reasons for Unmet Need - cont.

6. Little perceived risk of pregnancy

7. Ambivalence

Intention to Use Contraception Among Women with Unmet Need, Jordan, 1990

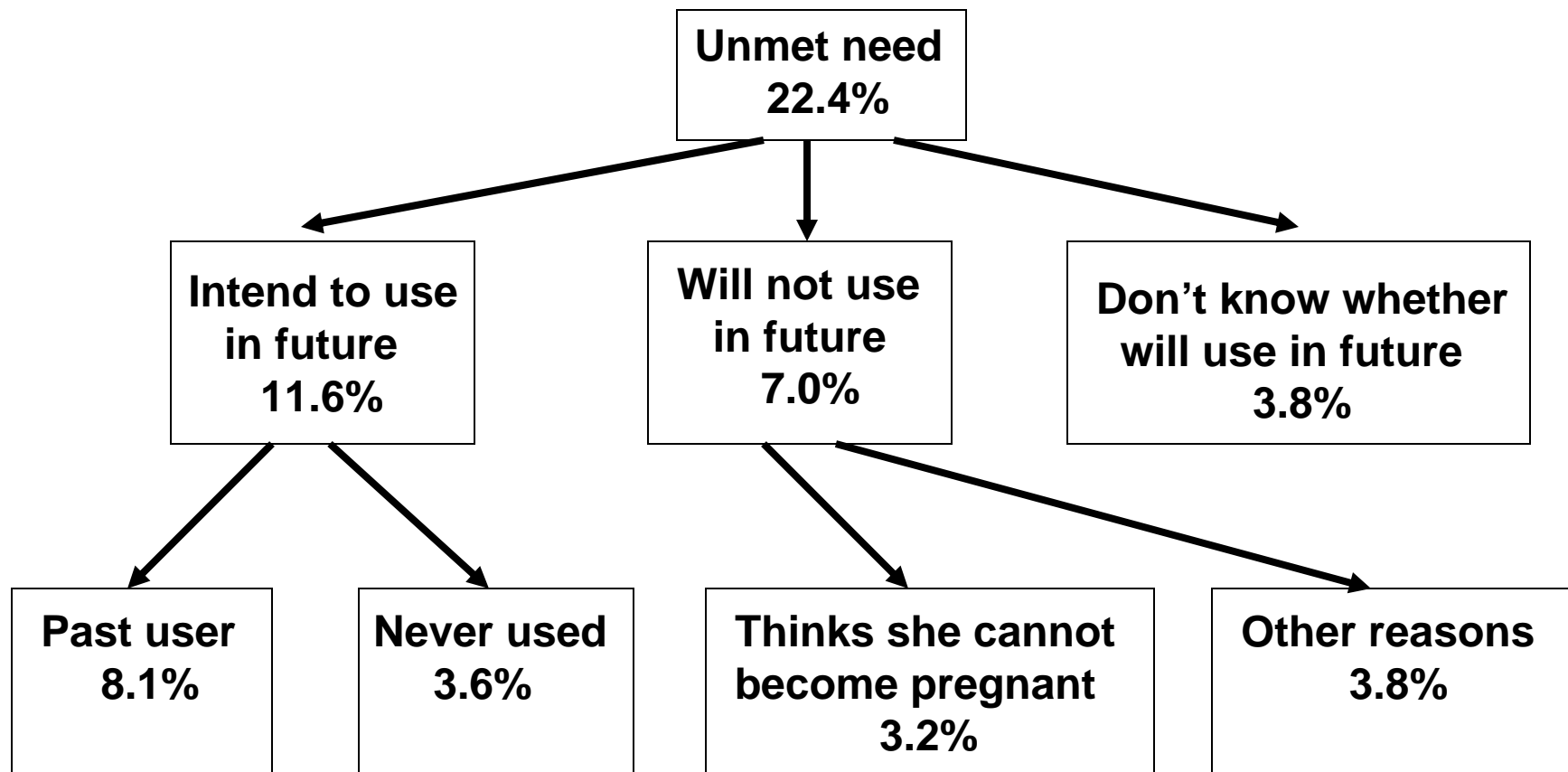
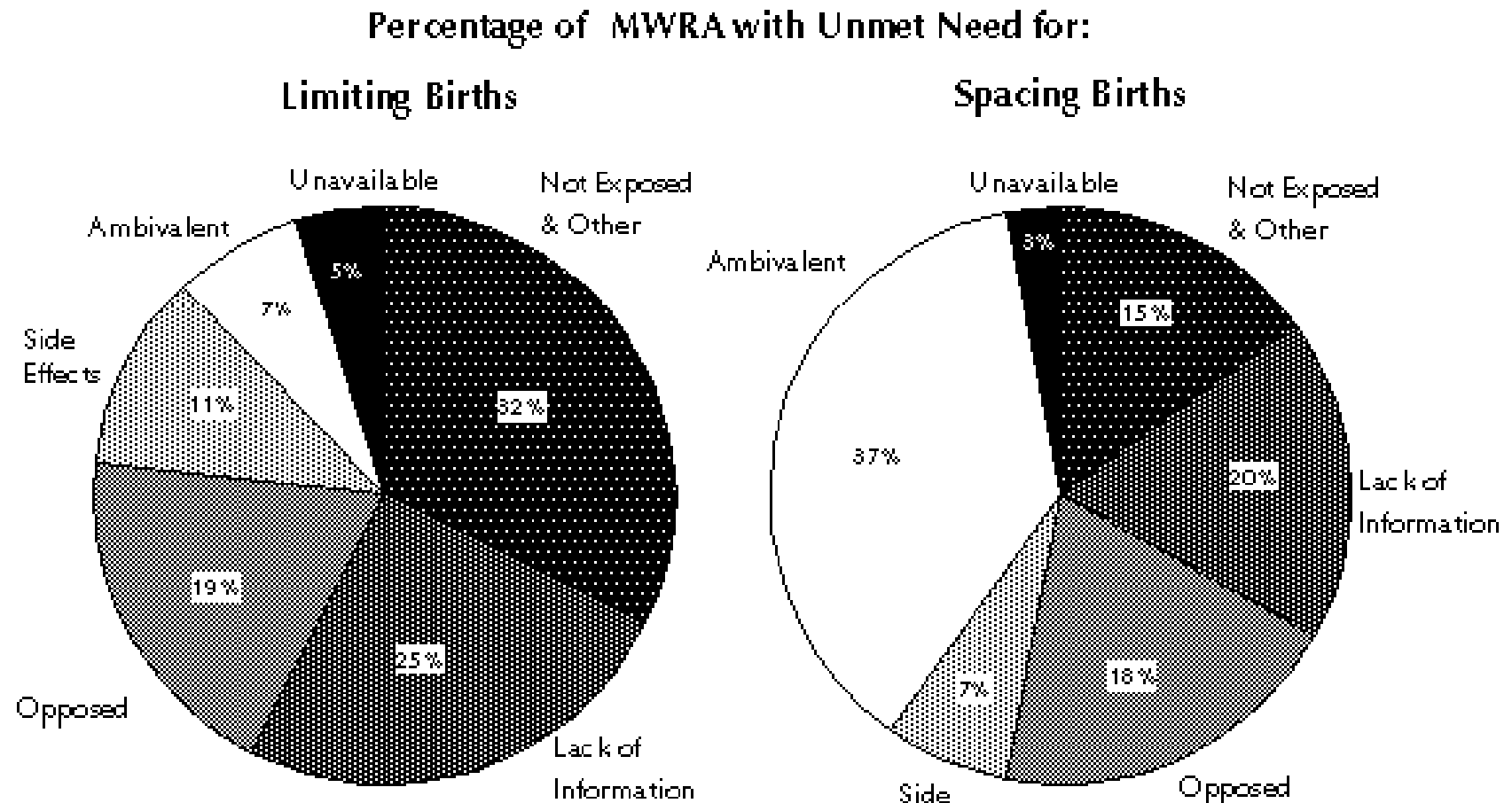


Figure 7. Distribution of Main Reasons for Not Intending to Use Contraception Among Subgroups of Women with Unmet Need in 24 Countries Surveyed by the DHS



Note: Unweighted averages for 24 countries, 1990-2-1
 MWRA = married women of reproductive health
 Source: Westoff & Bankole 1995 (234)

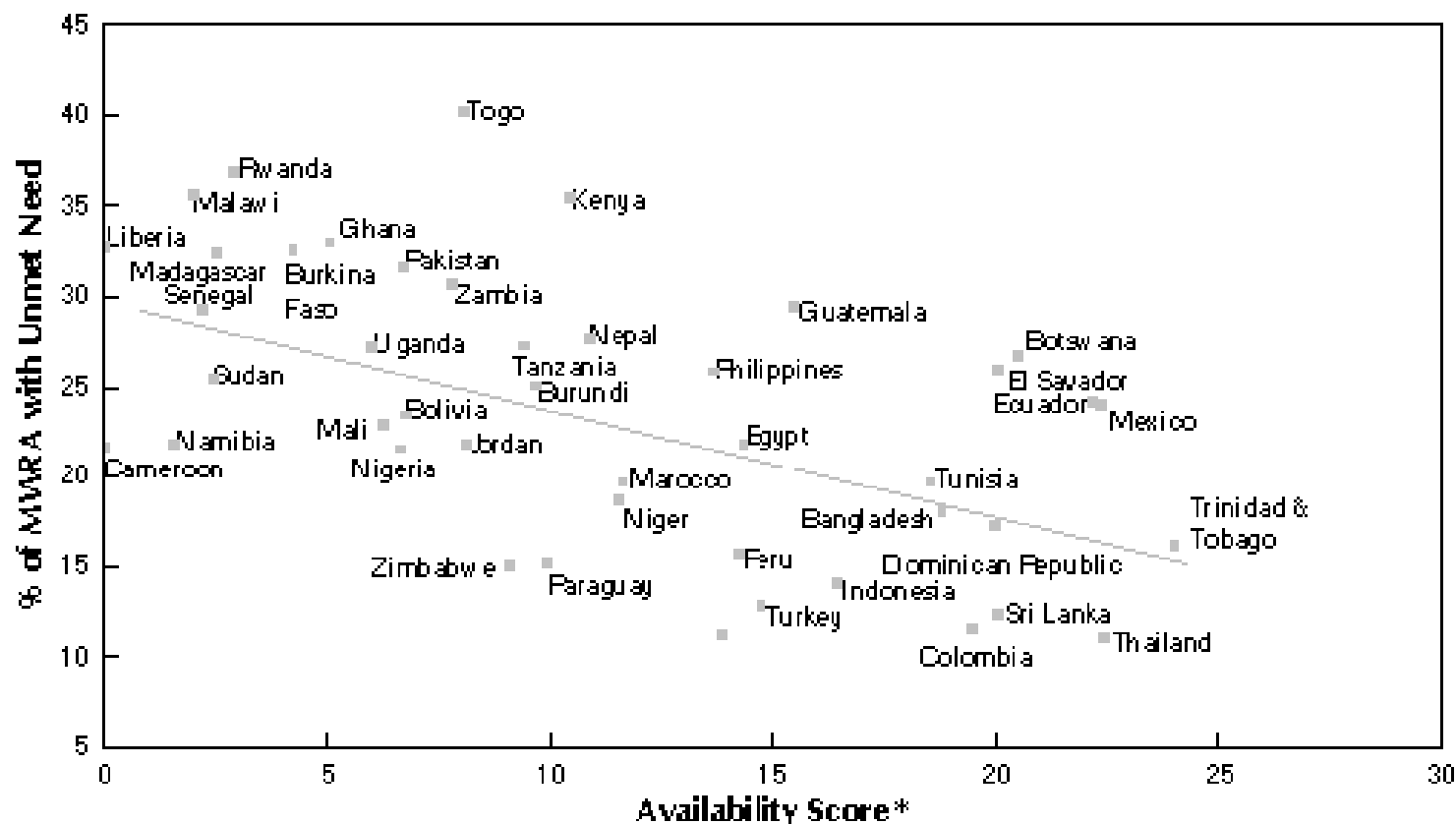
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Meeting Unmet Need

1. Improve access to good quality services

- offer choice of methods
- eliminate medical barriers
- expand service delivery points
 - home delivery
 - social marketing
- provide confidentiality

Figure 3. Relationship Between the Number of Contraceptive Methods Available and Unmet Need



The more contraceptive methods available in a country, the lower the level of unmet need.

Note: The solid line is the best fitting statistical regression line. MWRA = married women of reproductive age

*Scores calculated on the basis of judgments about the availability of contraceptive methods by senior family planning personnel and observers in each country.

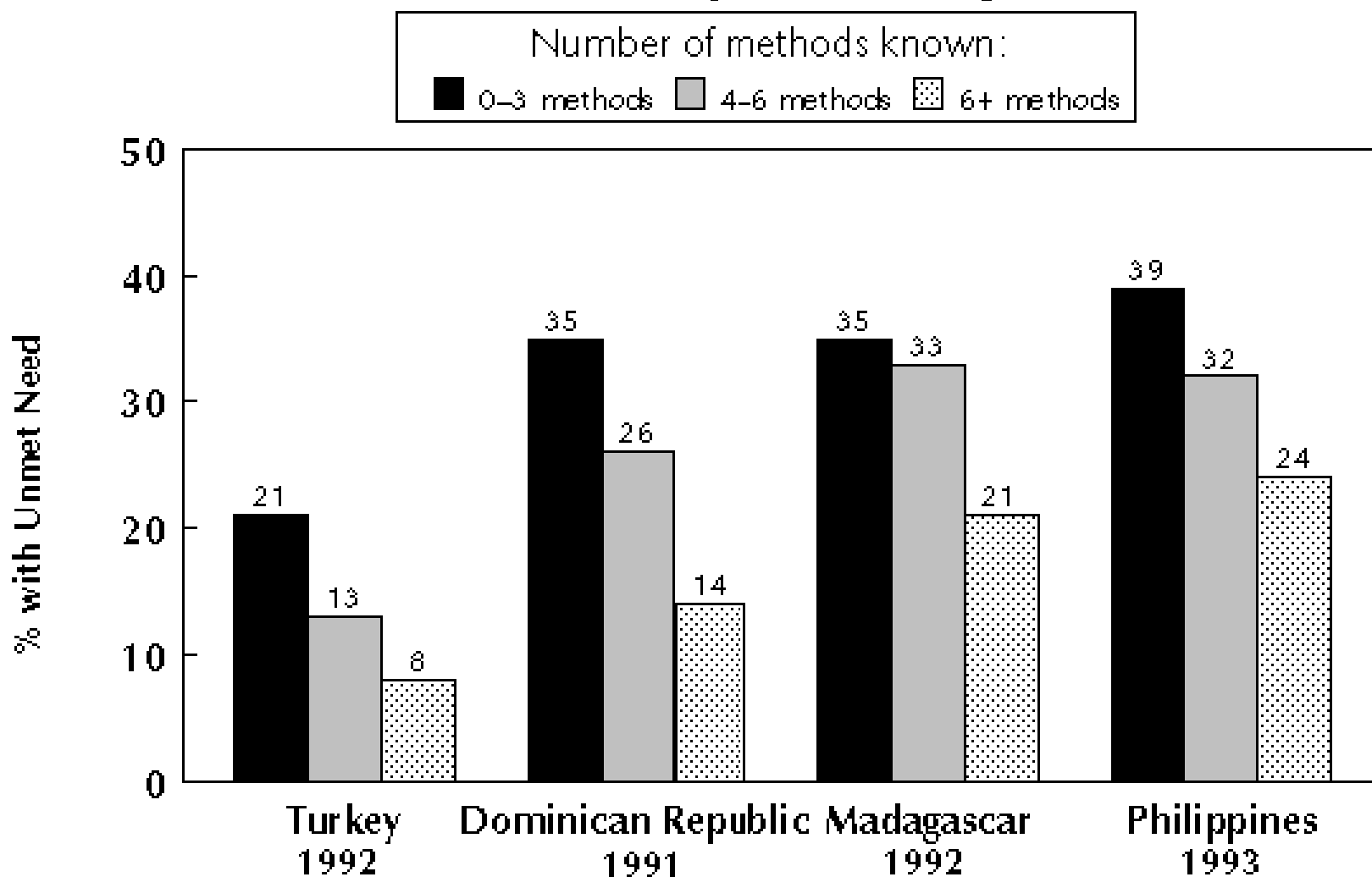
Source: Mauldin and Ross 1991 (1.22). Percentage with unmet need from Demographic and Health Surveys.

Meeting Unmet Need

2. Improve communication about:
legitimacy of family planning

- source of FP information and
and supplies
- misinformation and rumors
regarding effects/side-effects
- risks of contraception
- risks of pregnancy

Figure 4. Unmet Need by Number of Family Planning Methods Known to Married Women of Reproductive Age in Four Countries



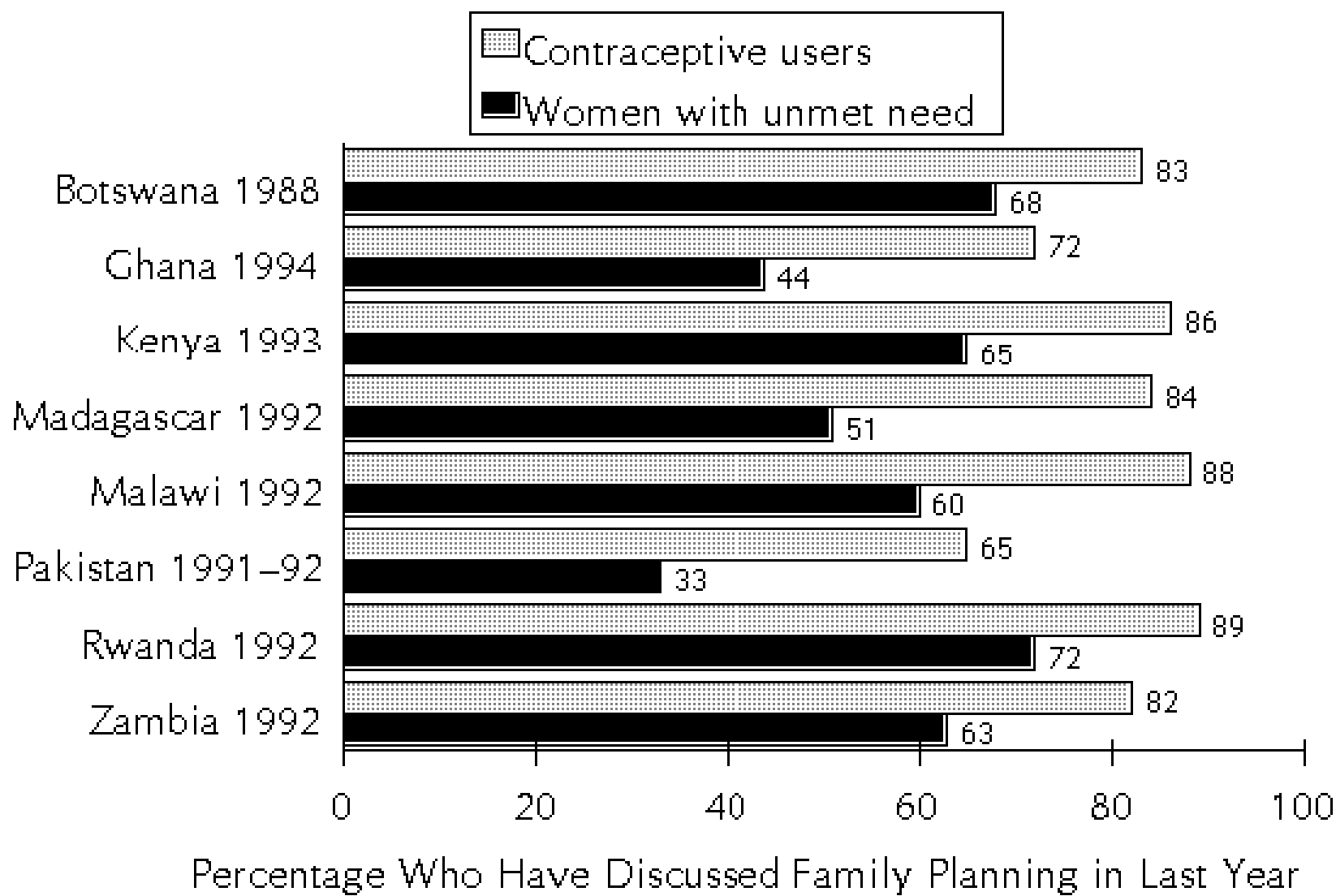
Source: Bhushan 1996 (19) from Demographic and Health Surveys

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Meeting Unmet Need

3. Involve men/husbands as well
as women

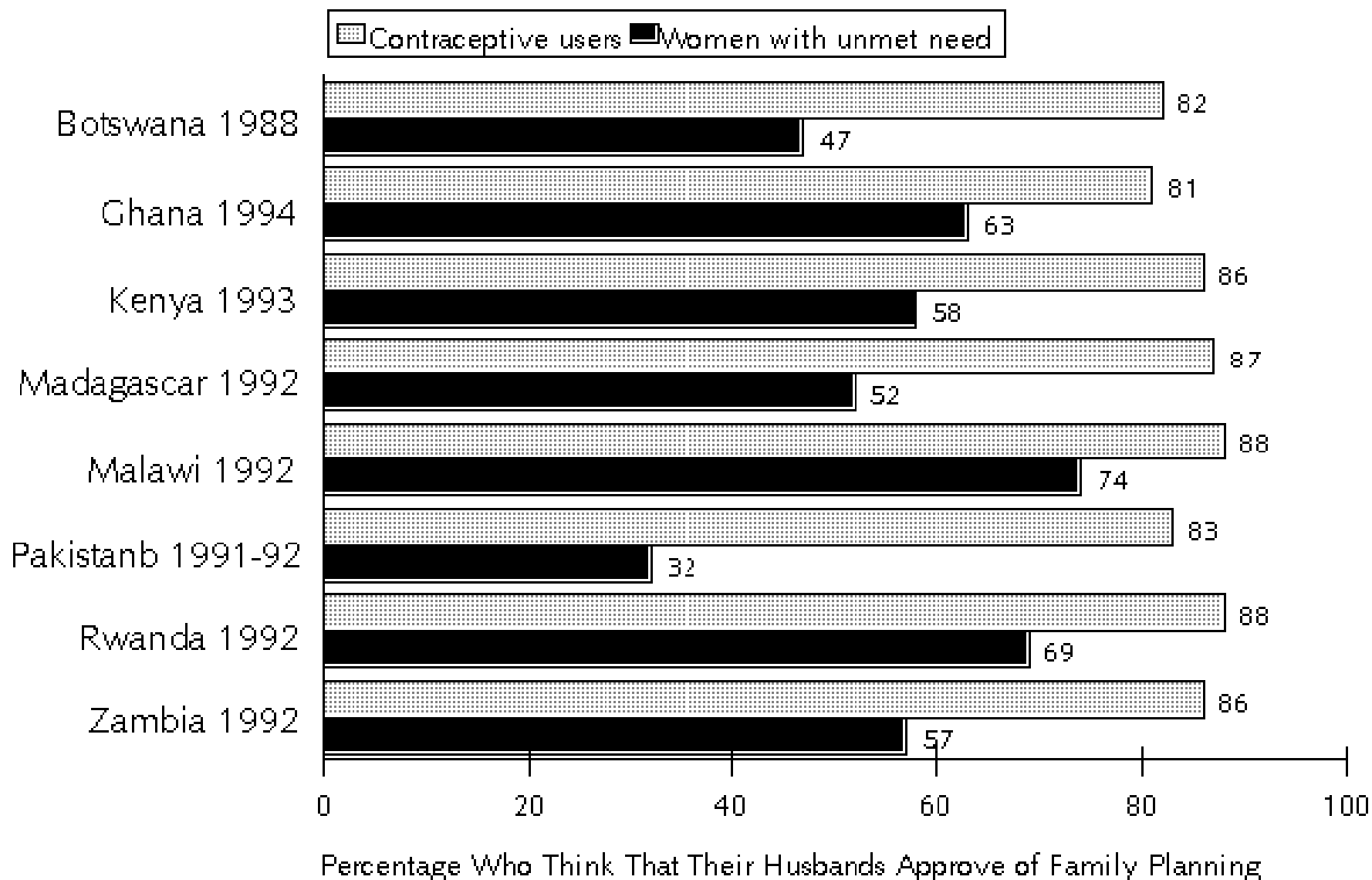
**Figure 6. Husband-Wife Communication:
Contraceptive Users and Women with Unmet Need Compared**



Source: Demographic and Health Surveys

Population Reports

Figure 5. Women's Perception That Husband Approves of Family Planning Contraceptive Users and Women with Unmet Need Compared



Source: Demographic and Health Surveys

Population Reports

Meeting Unmet Need

4. Link FP to other services
 - prenatal care
 - post-partum care/breastfeeding
 - immunization
 - post-abortion care
 - child health services