Met and unmet needs for family planning: The real story for Rwanda and Madagascar

Introduction

More than a third of the women in many sub-Saharan African countries want no more children or would like to wait at least two years before having another pregnancy (Ashford, 2003; Ross & Winfrey, 2002). Yet, only a small proportion of these women use modern contraceptives. Indeed, discrepancy between women's desire to limit or space births and their contraceptive behavior is the basis for family planning programs aimed at improving maternal and child health. It is well established that the benefits of family planning services go beyond the goal of reducing fertility to helping women avoid poorly-timed pregnancies that put their health and that of their children at risk. Yet, an estimated 120 million couples living in developing countries who want to delay their next births have no access to a method or adequate information about family planning services (UNFPA, 1997; Potts, 2000). Nevertheless, in the past few years, donor and government funding for family planning programs has declined substantially, or at best stagnated in most countries (Gillespie, 2004; UNFPA, 2005). According to the United Nations, in 1995 family planning programs received 55% and only 13% in 2003 of total health support, which has continued to fuel the increasing number of women with unmet family planning needs leading to unwanted and mistimed pregnancies. Consequently, the recent initiative by the U.S. Agency for International Development (USAID), World Health Organization (WHO), and other international organizations of "repositioning family planning" should be supported to fill these program gaps in several countries. However, in preparing to secure additional resources for family planning programs, each country should examine patterns and predictors to use and for not using (nonuse/unmet needs), in order to develop relevant and cost-effective programs.

This report examines differentials across five groups of currently married women in two select countries (Rwanda and Madagascar) with need or no need for modern contraception, including: unmet need to space (UNS); unmet need to limit (UNL); met need to space (MNS); met need to limit (MNL); and nonusers with no need (NN). Both Rwanda and Madagascar have relatively high total fertility rates (TFR), 5.8 and 5.2, respectively; similar desired ideal numbers of children, 4.8 and 4.9, respectively; and high percentages of women who want to limit births. However, their contraceptive prevalence rates are significantly different (13% in Rwanda and 27% in Madagascar, which is twice as high as Rwanda's rate) (see Table 1). Recent data from the two countries provide an opportunity to examine the reasons why the use of contraception is lower in Rwanda compared to Madagascar, despite the similarities in TFR and comparable demand for children (number of children desired). The analysis explores whether the reported country differentials in contraceptive use can be attributed to country programs or to other factors that distinguish the family planning need types (UNS, UNL, MNS, MNL, and NN groups) in the two countries, and determine the significant predictors for each when controlling for other confounding factors. This information provides important evidence to guide program and policy decisions on the repositioning of family planning initiatives.

There are several known reasons why women do not use modern contraceptive methods, including fear and other cultural inhibitions. However, experience shows that effective program efforts have contributed significantly to increased contraceptive use (Bongaarts, 1997). Previous studies have mostly examined country variations and the factors influencing overall contraceptive use, but few have compared the differences among users and nonusers across countries, especially in the sub-Saharan African region, a region that shows dramatic differences in demand and use of modern contraceptives even for countries with similar fertility rates. The understanding of these differences across countries will help policymakers in their decision-making about family planning, including the "repositioning family planning initiatives" that will help women meet their reproductive needs. The aim of the initiative is to reinvigorate interest and reposition family planning as a critical component of reproductive health programs and to encourage national and international development agendas to provide adequate family planning services to women who need them.

Purpose

The overall purpose of this report is to assess and describe the magnitude of met and unmet need for family planning and to identify the key characteristics that differentiate those women who have met or unmet need to space or limit and those with no need in Rwanda and Madagascar.

Research Questions

The following research questions guided the study for both countries:

1. Who are the typical users/nonusers/those with unmet need for family planning services?
2. Why do some women use family planning while others do not?
3. Does unmet need reflect family planning program failure?
4. Controlling for other confounding factors, what are the significant distinguishing factors of women who use family planning services and those with unmet need to limit or space births that are related to need, accessibility, fear, and knowledge?
5. Are there any differences between the Rwanda and Madagascar in the factors affecting use and nonuse of family planning among married women aged 15-49?

Methodology

This study uses 2000 DHS data for Rwanda (Office National de la Population & ORC Macro, 2001) and 2004 DHS data from Madagascar (INSTAT & ORC, 2005). These surveys provide nationally representative samples of women aged 15-49 years for each country. The study focuses on women in union and their use or nonuse of the family planning services. The independent variables considered include such socioeconomic and demographic variables as educational attainment, household economic status, woman's age, region of residence, urban/rural residence, family planning use discussions with partner, prior exposure to any method, whether partner approves family planning, and partner's educational and occupational background. The dependent variable is the use/nonuse status of modern contraceptives to space or limit births. The dependent

variable has five possible categories – unmet need to space, unmet need to limit, met need to space, met need to limit, and those women who have no need.

Results

The results show that in Rwanda, more unmet need is for spacing births (24%) than for limiting (11.6%), and for users (7.3, 5.9%) to space and limit, respectively. However, for Madagascar, the level of unmet need for spacing is similar to that of the unmet need for limiting (11.3% and 12.3%, respectively), and (12.3 and 14.9%, respectively). The results also show that although both countries are in sub-Saharan Africa and have low contraceptive prevalence rates, the factors that influence the demand and use of family planning are different. For example, a higher percentage of women (41.2%) in Rwanda want to limit births compared to about 34% for Madagascar, however, the findings that in Rwanda the majority of women in union have unmet needs to space births rather than to limit, and vice versa for Madagascar, were paradoxical and surprising. Hence, further analysis to understand the main reasons why women are currently not using family planning even when they want to limit or space births in these countries was undertaken.

For Rwanda, social or cultural related factors mainly religious prohibition and other opposing forces in the community are the most important reasons for women with unmet need for not wanting to use a method in future (31.0%). The next most important reasons why women do not intend to use contraceptives in Rwanda is method safety, especially fears concerning side effects (18.7%) and other health concerns. Fertility related concerns accounted for about 20% of the reasons for not intending to use a method. Surprisingly, the main fertility-related factors were infrequent sex (10.1%) and desire for more children (6.3%). Further analysis revealed that most women with unmet need and who do not intend to use any contraception in the future have also never used any modern method before (almost 78%, not shown). This confirms that their fear of side effects may be unfounded, since this fear is not due to any bad experiences they have encountered with family planning methods but lack of adequate information. Therefore, this finding is a reflection of lack of accurate or complete information on the benefits and side effects of various family planning methods. Lack of knowledge (knows no method or source) accounted for about 10% and accessibility issues (including cost and lack of access) accounted for a small proportion of women who will not use any contraceptives in the future in Rwanda (3.0%).

For Madagascar, method safety-related factors accounted for almost half of the reasons why women with unmet need do not intend to use a method in future (45%). This is a large number of people worried about the side effects of methods as a reason for not intending to use them, suggesting that family planning programs in this country need to be supported to provide better information to women. Fear of side effects was the leading reason for not intending to use a method, and it accounted for 25% of all the women with unmet need in Madagascar. The second most important group of reasons for not intending to use a method are knowledge related (14.8%), especially lack of knowing of any method. Unlike Rwanda, social or cultural inhibitions for not intending to use a method accounted for 13.1%, mainly the woman's own opposition. Other factors

influencing future intentions to use a method were fertility related (11.4%), especially infrequent sex and access related factors (2.1%).

Further, results show that family planning need differentials by use/nonuse status is accounted for by differences in socioeconomic and demographic characteristics of these women.

Conclusions and Recommendations

In conclusion, these findings are important for repositioning family planning initiatives in Rwanda and Madagascar because they provide evidence that unmet or met needs to space or limit are influenced by many factors that go beyond the access to services, such as location and method choices and desire for more children. In addition, demand for these services can be promoted by providing services that are relevant to the client's needs, providing enough information, and addressing the socio-cultural factors (husband-wife relationships). The factors that were shown to be significant through this analysis include those related to lack of adequate knowledge (e.g. previous use of any method helps increase likelihood of using and decreased unmet need). Making family planning services available is not enough and therefore concerted efforts should be made to create programs that address barriers directly affecting women. Short-term investments in campaign programs can help expose and increase knowledge among women that will influence their negative attitudes and cultural barriers including communications among couples. They can also contribute towards addressing the fears about side effects by these women. For immediate plans, women need exposure to family planning through seminars for them and their spouses, and integrating these programs with other health services that can be cost-effective in reducing unmet needs.