Prerequisites to meet Family Planning Unmet Needs in Sub-Saharan Africa

By
Jean-Pierre GUENGANT
Directeur of Research, IRD Ouagadougou

John F. MAY
Lead Population Specialist
World Bank, Africa Region, Washington, D.C.

International Conference on Family Planning:
15-18 November 2009 / Kampala, Uganda
Increase in contraceptive use in Sub-Saharan Africa has been disappointing

Contraceptive prevalence among women in union (15-49) in various regions of the world

% of women using contraception

More developed regions | Less developed regions | Sub-Saharan Africa | Asia | Eastern Asia | Latin America

- Traditional methods
- Modern methods

Family planning need satisfied

Source: World Contraceptive Use -2007 – UN Population Division
Levels of modern contraceptive use: 5 to 30 percent in most countries

Contraceptive prevalence among women in union (15-49) in Sub-Saharan Africa

Source: DHS, 2009, UN Population Division
**Unmet need: 15 to 35 percent of women in union (often two to three times current use)**

Source: DHS, 2009, UN Population Division
Total demand for family planning is low: between 25 to 50 per cent of women in union

Contraceptive use plus unmet need for family planning in Sub-Saharan Africa

Source: DHS, 2009, UN Population Division
This low demand might be the reflection of 1-lack of access, 2-lack of women’s empowerment and information on reproductive matters

Source: authors’ calculation from DHS, 2009, UN Population Division
Increase in contraceptive use: from 0.5 point to 1 point per year in many countries

Source: authors’ calculation from DHS, 2009, UN Population Division
It will take 50 years to satisfy present unmet need with 0.5 point increase per year, 25 years with 1 point per year, far from the 2015 Cairo objective.

Contraceptive use plus unmet need for family planning in Sub-Saharan African regions

- Western Africa
  - Unmet need for family planning: 23
  - Traditional methods: 5
  - Modern methods: 8

- Eastern Africa
  - Unmet need for family planning: 28
  - Traditional methods: 6
  - Modern methods: 20

- Middle Africa
  - Unmet need for family planning: 23
  - Traditional methods: 12
  - Modern methods: 7

- Southern Africa
  - Unmet need for family planning: 58

- Sub-Saharan Africa
  - Unmet need for family planning: 24
  - Traditional methods: 5
  - Modern methods: 16

Source: PRB 2008
With +0.5 point increase per year, most countries will reach the Cairo objective only between 2040 - 2050.

Projected year of satisfaction of present unmet need for family planning with a 0.5 point increase per year.

Source: authors’ calculation from DHS, 2009, UN Population Division
With +1.5 point increase per year, most countries will reach the Cairo objective, sooner, between 2020 - 2030.
How to interpret these results?

1. Unfavourable socio economic environment (high infant mortality rates, low levels of education and urbanization, poverty)?

2. Value of children, desire for large family, demand mainly for spacing, globally low demand for family planning?

3. Lack of supplies, lack of services, lack of access, however, the demand is there and growing even for limiting?
What can be said

1- Opposition to family planning, lack of real commitment of Governments, and NGO’S, poorly designed population policies, disinterest of donors whose priorities have changed

2- Lack of coherence between Ministries’ policies, lack of coordination between donors, poor Monitoring and Evaluation, complacency

3- In our opinion, lack of legitimization of family planning, and resistance to the recognition of women’s reproductive rights
What to do? Simplify the concept of Reproductive Health

1- Focus on 5 components:
   1 - Mother’s health,
   2 - Children’s health,
   3 - Family Planning
   4 - Sexual Transmitted Deceases
   5 - Violence's against women

2 – Integrate these 5 components, allocate a more equitable share of funding for each

3 – Set an objective for Family Planning: i.e 1.5 point increase per year in CPR
Launch a 10 years’ initiative to meet African women family planning need

1 – Where appropriate, set an objective of +1.5 point increase per year in CPR for the 2010-2020 period

2 – Initiate IEC and CCC campaigns at country level to fill gap of access in family planning

3 – Make provision to triple contraceptive supplies and plan for the accompanying services

4 Integrate the +1.5 point per year objective in Health, RH, SRHS policies and in PRSP