

## UNMET NEED FOR FAMILY PLANNING

### Definition

Unmet need for family planning is defined as the percentage of women of reproductive age, either married or in a union, who have an unmet need for family planning. Women with unmet need are those who want to stop or delay childbearing but are not using any method of contraception.

$$\text{Unmet need for family planning} = \frac{\text{Women of reproductive age (15-49) who are married or in a union and who have an unmet need for family planning}}{\text{Total number of women of reproductive age (15-49) who are married or in a union}} \times 100$$

The standard definition of unmet need for family planning includes in the numerator women who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the birth of their next child for at least two years. Included are:

- All pregnant women (married or in a union) whose pregnancies were unwanted or mistimed at the time of conception;
- All postpartum amenorrheic women (married or in a union) who are not using family planning and whose last birth was unwanted or mistimed;
- All fecund women (married or in a union) who are neither pregnant nor postpartum amenorrheic, and who either do not want any more children (want to limit family size), or who wish to postpone the birth of a child for at least two years or do not know when or if they want another child (want to space births), but are not using any contraceptive method.

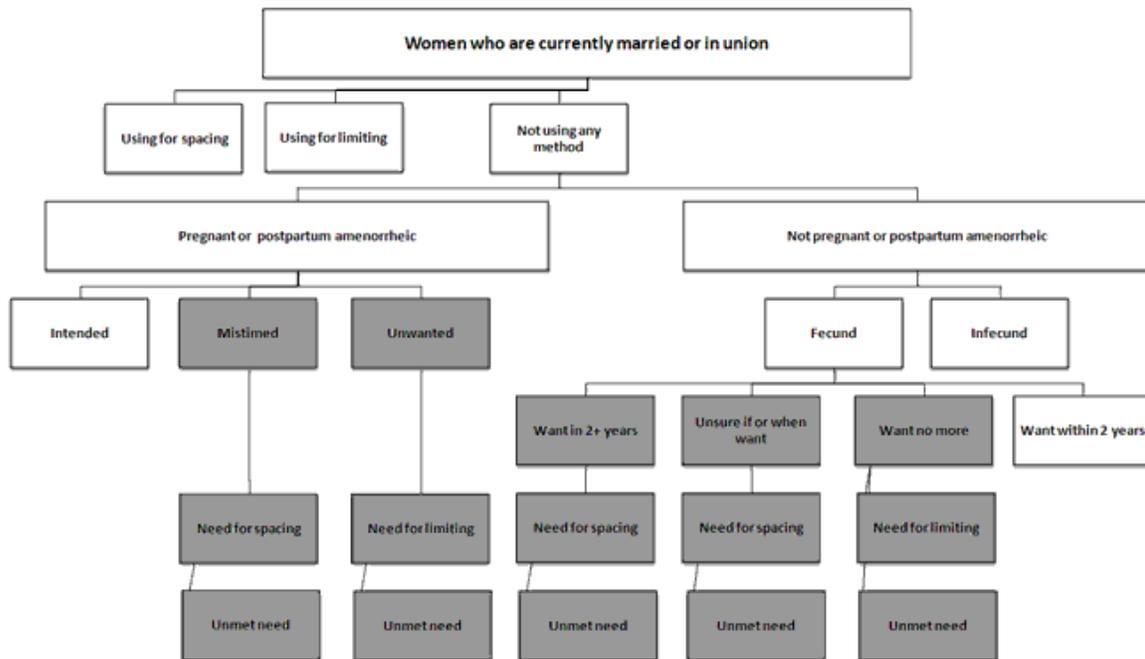
Excluded from the numerator are infecund women. Women are assumed to be infecund if:

- They were first married five or more years ago, have not had a birth in the past five years, are not currently pregnant, and have never used any kind of contraceptive method; or
- They self-report that they are infecund, menopausal or have had a hysterectomy, never menstruated, or have been postpartum amenorrheic for 5 years or longer; or
- (for women who are not pregnant or in postpartum amenorrhea) their last menstrual period occurred more than six months prior to the survey.

Postpartum amenorrheic women are women who have not had a menstrual period since the birth of their last child and their last child was born in the period 0-23 months prior to the survey interview. If their period has not returned and their last child was born 24 months or more prior to the interview, women are considered fecund, unless they fall into one of the infecund categories above. Note that in previous definitions of unmet need for family planning, women were classified as being postpartum amenorrheic if their period had not returned for up to 5 years after the birth of their last child.

Women who are married or in a union are assumed to be sexually active. If unmarried women are to be included in the calculation of unmet need, it is necessary to determine the timing of the most recent sexual activity. Unmarried women are considered currently at risk for pregnancy (and thus potentially in the numerator) if they have had intercourse in the month prior to the survey interview.

The diagram below indicates the procedure for the computation of the number of women of reproductive age, either married or in a union, who have an unmet need for family planning.



Further information on refinements in the operational definition over time, survey questions needed and statistical programs to calculate unmet need for family planning can be found on the following website: <http://measuredhs.com/Topics/Unmet-Need.cfm>

Source: Based on Bradley, S.E.K., et al. (2012). Revising Unmet Need for Family Planning. DHS Analytical Studies No. 25, Calverton, Maryland: ICF International.

### Data sources

Information on unmet need for family planning is collected through household surveys that are internationally-coordinated, such as the Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), Reproductive Health Surveys (RHS) and national surveys based on similar methodologies. These surveys tend to be undertaken every three to five years. Other survey programmes, like the Pan-Arab Project for Family Health (PAPFAM) and the European Fertility and Family Surveys (FFS) may be considered as well.

*World Contraceptive Use 2014* provides information on the source of each data point (usually denoted by an acronym). A description of each acronym is given in the worksheet labeled "Sources". For surveys that are not part of an international survey programme, the full name is provided in the field "Survey name".

### **Rationale and interpretation**

Unmet need for family planning shows the gap between women's reproductive intentions and their contraceptive behaviour. The indicator is useful for tracking progress towards the target of achieving universal access to reproductive health. Information on contraceptive prevalence complements the indicator of unmet need for family planning. The sum of contraceptive prevalence and unmet need indicates the total demand for family planning. The sum of unmet need for family planning and prevalence of traditional methods indicates the level of unmet need for modern methods.

In principle, this indicator may range from 0 (no unmet need) to 100 (no needs met). However, values approaching 100 per cent do not occur in the general population of women, since, at any one time, some women wish to become pregnant and others are not at risk of pregnancy. Unmet need levels of 25 per cent or more are considered very high, and values of 5 per cent or less are regarded as very low.

When unmet need for family planning is measured in a comparable way at different dates, the trend indicates whether there has been progress towards meeting women's needs for family planning. It should be noted that, even when contraceptive prevalence is rising, unmet need for family planning may sometimes fail to decline, or may even increase. This can happen because in many populations the demand for family planning increases because of declines in the number of children desired. Changes in the desired spacing of births or changes in the percentage of women who are at risk of pregnancy can also influence the trend in demand for family planning, independently of trends in contraceptive prevalence.

Note that there is not a direct relationship between the unmet need for family planning, desired family sizes, and the actual fertility level. For instance, it is possible for unmet need to be high even though the actual fertility level matches the desired family size. This can happen either because of individual variation in the population's desired family size, differences between the desired family size of men and women such that desired family size does not reflect the ideals of women, or because there are many mistimed births such that the number of births is desired, but the timing of births is not.

### **Comments and limitations**

Differences in the questions included in particular surveys may sometimes affect the estimates of unmet need for family planning and make comparability difficult over time or across countries. For example, some surveys do not gather all the information required to estimate infertility in the same way.

Differences in questions about contraceptive use, fertility desires and assessment of postpartum amenorrhea may also indirectly affect the measured level of unmet need for family planning.

Although the majority of estimates of unmet need for family planning follow the standard method of calculation, there can be differences in the precise definition or method of calculation of this indicator. For instance, some surveys do not include pregnant women with a mistimed or unwanted pregnancy in the number of women with unmet need for family planning. Notes are used to indicate any differences between the data presented in *World Contraceptive Use 2014* and the standard definition of unmet need for family planning given above.

Trends in unmet need for family planning in a particular population should be based on successive data points that were calculated in a comparable way. In designing and monitoring programmes aimed at reducing unmet need for family planning, this indicator should be interpreted in connection with other relevant national data, including qualitative and quantitative information regarding the reasons that women who are at risk of an undesired or mistimed pregnancy are not using family planning, and assessments of the availability and quality of family planning and other reproductive health services.

According to the standard definition of unmet need for family planning, women who are using a traditional method of contraception are not considered to have an unmet need for family planning. Because traditional methods can be considerably less effective than modern methods, additional analyses may be conducted to distinguish between women relying on traditional and modern methods in order to determine the unmet need for modern contraception.

#### **Discrepancies between data presented in *World Contraceptive Use 2014* and survey reports**

Generally, there is no discrepancy between data presented in *World Contraceptive Use 2014* and unmet need for family planning published in survey reports. For the Demographic and Health Surveys (DHS), the revised estimates from Bradley et al. (2012) were used (see above).

#### **Data coverage**

*World Contraceptive Use 2014* contains 374 observations on unmet need for family planning for 133 countries or areas. The data base presents data available as of March 2014.

**Suggested citation:** United Nations, Department of Economic and Social Affairs, Population Division (2014). *World Contraceptive Use 2014* (POP/DB/CP/Rev2014).