

Why contraceptives aren't used and implications for Market Development

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“Priming the Future”

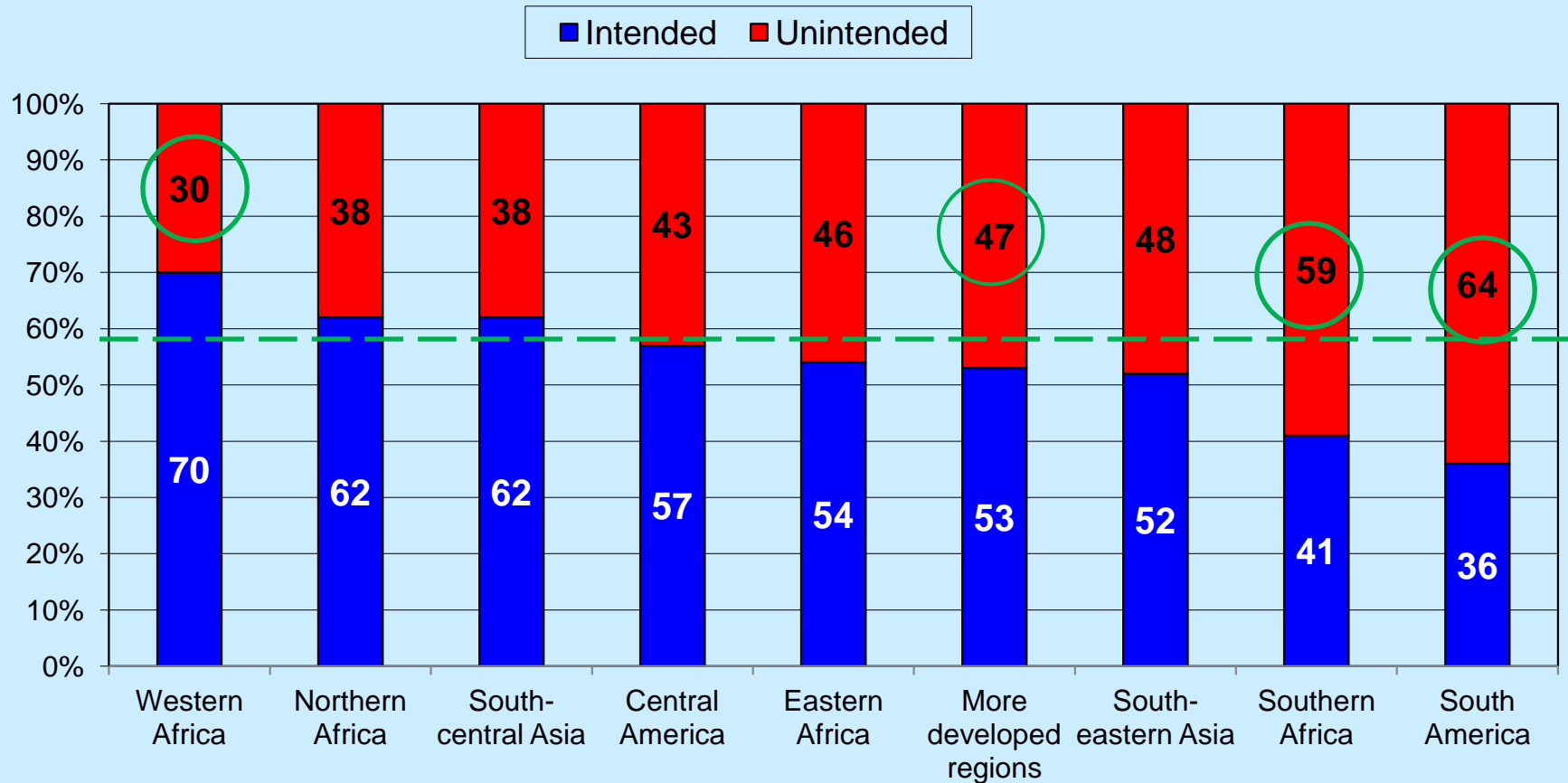
Market Development Approaches Working Group Meeting,

Reproductive Health Supplies Coalition

June 4th, Hewlett Foundation, Menlo Park



In 2008, 86 million (41%) of 208 million pregnancies globally were unintended



Source: Singh et al, 2010

Why do unintended pregnancies happen?

1. Non-use of contraception when a woman is sexually active and pregnancy is not desired
2. Inconsistent or incorrect use
3. Discontinuing for reasons other than wanting a pregnancy and not starting a new method
4. Switching methods without protection in between, or to a less effective method
5. Method failure

Non-use of contraception when sexually active and pregnancy not desired

- In developing countries, **56%** of sexually active women want to avoid a pregnancy (“in need”, “demand for”)
- Of these, **26%** have an unmet need for more effective contraception (**61%** in Africa)
 - **9%** using traditional method (**14%**)
 - **17%** using no method (**46%**)
- Among women with unmet need:
 - **4-11%** want to delay first birth
 - **32-56%** want to space next birth
 - **33-61%** want no more children

Method-use “failure”

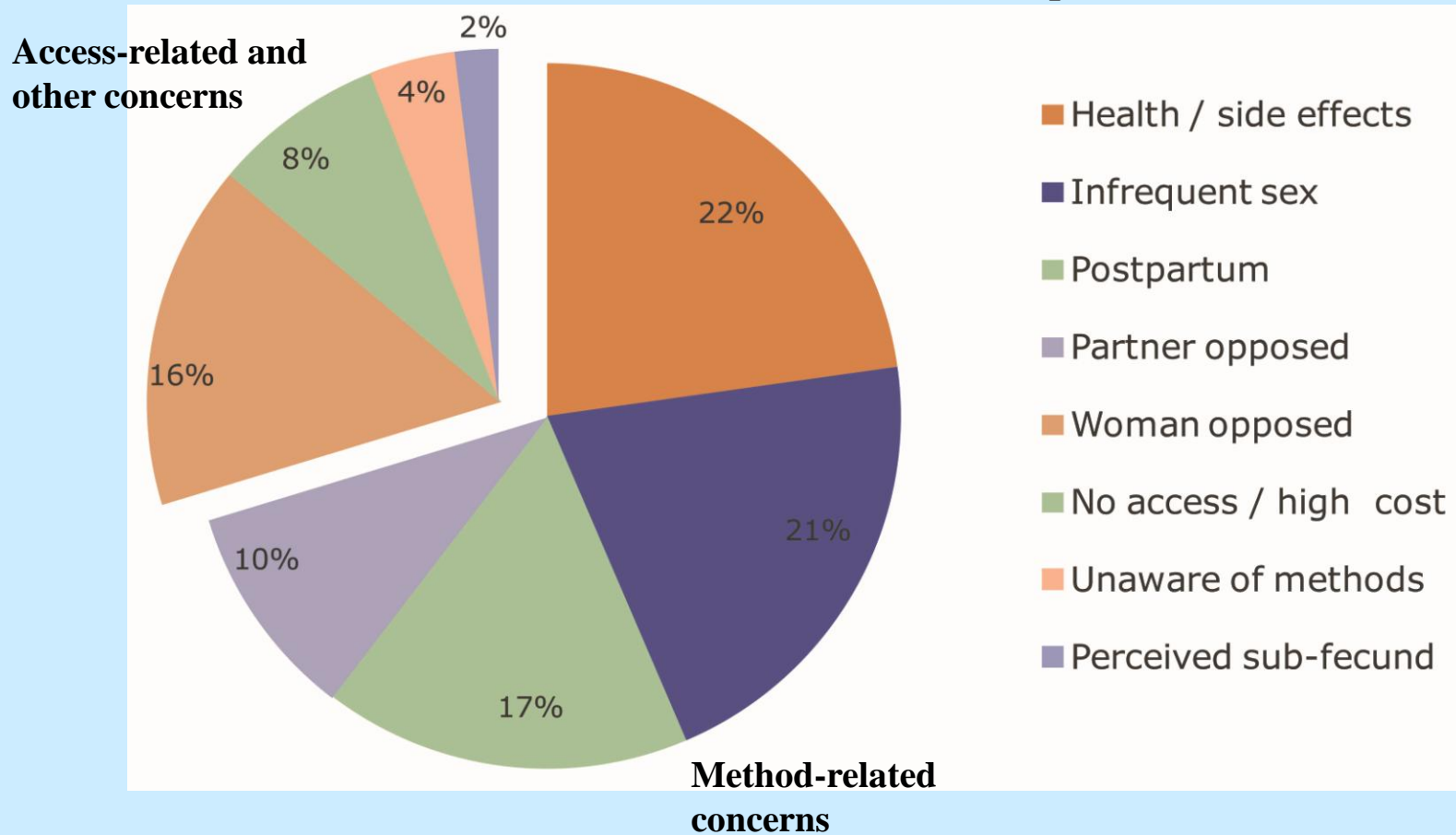
- a) Inconsistent or incorrect use
- b) Method failure
 - Wide variation in proportion of unintended pregnancies due to failure (**5 – 58%**)
 - Failure is more common among users of traditional and short-acting methods (condoms, pills, injectables)
 - Data from six countries show that **53%** of abortions resulted from failure

Discontinuation, or switching without subsequent protection

- Method-specific 12-month rates: **20-63%**
- Discontinuation is often followed by switching
 - **29-58%** of women switch to another modern method within 3 months
 - Especially traditional method users → less likely to become pregnant after discontinuation than modern method users
- All-method 12-month rates: **16-53%**
 - **7 – 20%** discontinue because of reduced need
 - **9 – 34%** discontinue because of service quality

What reasons do women give in the DHS for non-use?

Women with unmet need for modern contraceptives, 2008



What could programs do to reduce method-related barriers? And how could market development support these actions?

- Health / side-effects (perceived or experienced) (22%):
 - Counselling; greater method choice; new methods with fewer or less unacceptable side-effects
- Infrequent sex (21%):
 - New or improved peri-coital methods and/or long-acting, low maintenance methods
- Postpartum (17%):
 - Counselling; greater method choice for breastfeeding women (new methods?)
- Partner opposed (10%)
 - Social support; couple counselling; male methods?

What could be done to reduce access barriers and other concerns? And how could market development support these actions?

- Woman opposed (16%):
 - Counselling; greater method choice; social support
- No access / high cost (8%):
 - Alternative delivery channels; price subsidies; alternative financing mechanisms
- Unaware of methods (4%):
 - Communications strategies; provider training
- Perceived subfecund (2%):
 - Counselling; fertility testing

Addressing method-related reasons for non-use: Implications for market development

- More effective non-hormonal methods, or with less side-effects than current hormonal methods and IUDs
 - May benefit **34m** women not using for side-effects
 - and **25m** postpartum/breastfeeding women
- Peri-coital methods or long-acting with ease of use
 - May benefit **31m** women with infrequent sex
- ➤ Methods that can be used covertly
 - May benefit **14m** women whose partner opposes use

104 million women living in Sub-Saharan Africa, South Central Asia, Southeast Asia with method-related reasons for non-use; Darroch et al 2011

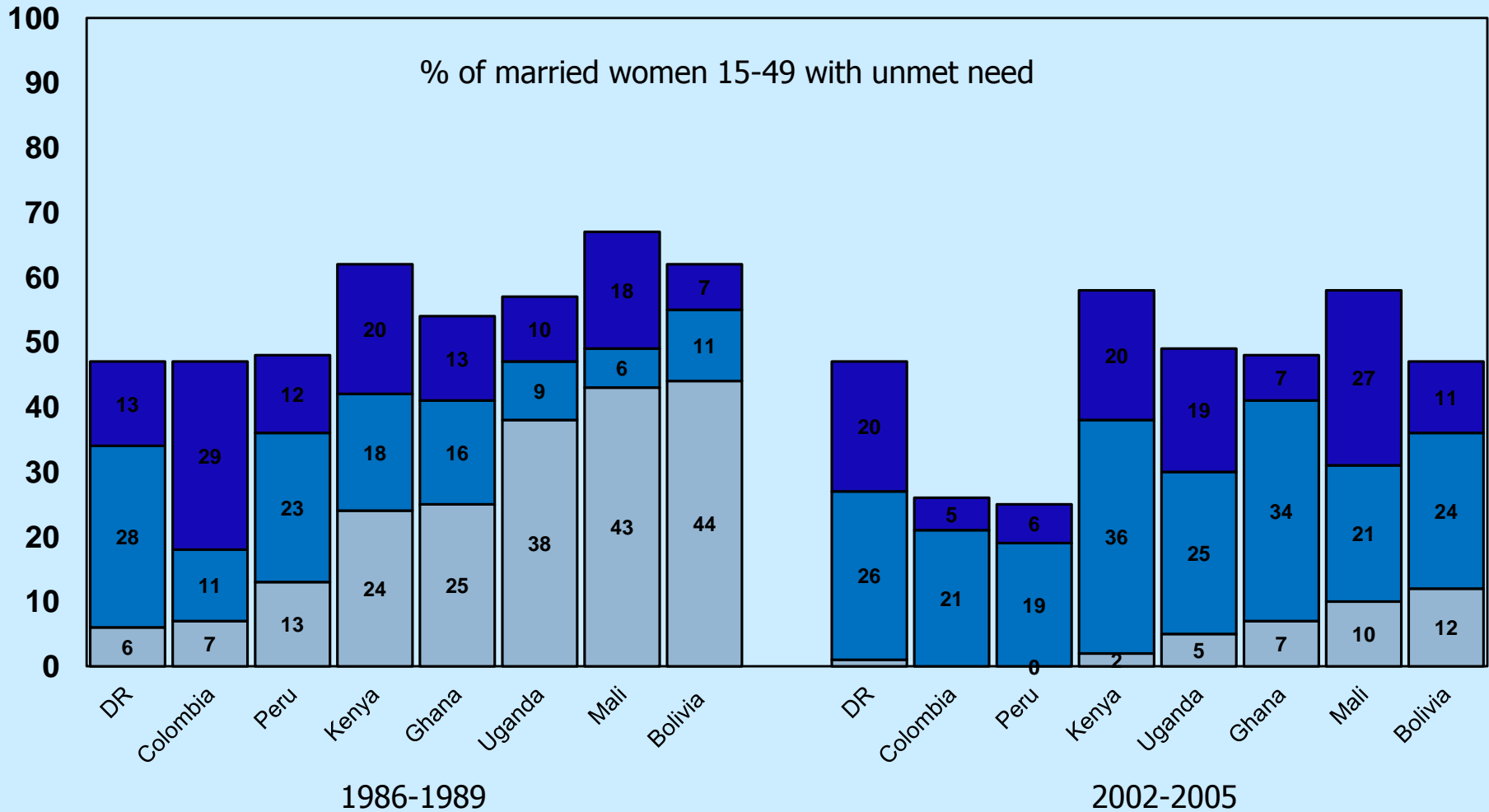
Other options with trade-offs

- Methods with real or perceived side-effects would have limited impact – unless they could be used covertly (**14m** women)
- Methods with side-effects but could be used peri-coitally and covertly could be used by **45m** women
- BUT – need to understand the huge variations across sub-populations, e.g.
 - Traditional method users
 - Young, unmarried women
 - Poor
 - Rural

104 million women living in Sub-Saharan Africa, South Central Asia, Southeast Asia with method-related reasons for non-use; Darroch et al 2011

And bear in mind that the relative importance of some reasons changes over time

Lack of knowledge
 Health/side effects
 Opposition



Failure and discontinuation are major determinants of unintended pregnancy and fertility

- The total fertility rate would be **4-29%** lower without failure
- More than half of the total unwanted fertility rate is due to either a contraceptive failure or a contraceptive discontinuation
- ➤ The total unwanted fertility rate would be between **0.2** and **1.1** births lower without failure and discontinuation

Should market development focus on reducing unmet need or reducing unintended pregnancy?

- Obviously not an either / or question but Jain's modeling using panel data from Peru found that:
 - No change in CPR (70%); slight change in unmet need 39%→36%
 - 72% of women with unmet need in 1991-1992 no longer had an unmet need in 1994
 - 12% went from not having an unmet need to having an unmet need
 - 20% had an unintended pregnancy between surveys:
 - 32% of those who initially had an unmet need
 - 17% of those who did not have an unmet need
- If the program had focused on eliminating unmet need, the proportion having unintended pregnancies would have been 17%
- If the program had focused on eliminating unintended pregnancies among women who initially had no unmet need, the proportion would have been 6%

Summary

- Non-use of effective contraceptives is the major contributing factor to unintended pregnancy
- Discontinuation and method-use “failure” are not minor reasons for unintended pregnancy
- Reasons for non-use or use of less effective methods vary greatly
- Implications for market development vary according to profile of reasons for non-use among different populations
- Counselling and method choice remain fundamental strategies to reducing unmet need and unintended pregnancies



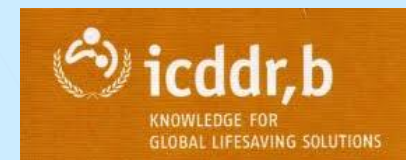
STRENGTHENING EVIDENCE FOR PROGRAMMING ON UNINTENDED PREGNANCY



The **STEP UP (Strengthening Evidence for Programming on Unintended Pregnancy) Research Programme Consortium** is coordinated by the Population Council in partnership with the African Population and Health Research Center; ICDDR,B; the London School of Hygiene and Tropical Medicine; Marie Stopes International; and Partners in Population on Development. STEP UP is funded by UKaid from the Department for International Development.



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