

Why contraceptives aren't used and implications for Market Development

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“Priming the Future”

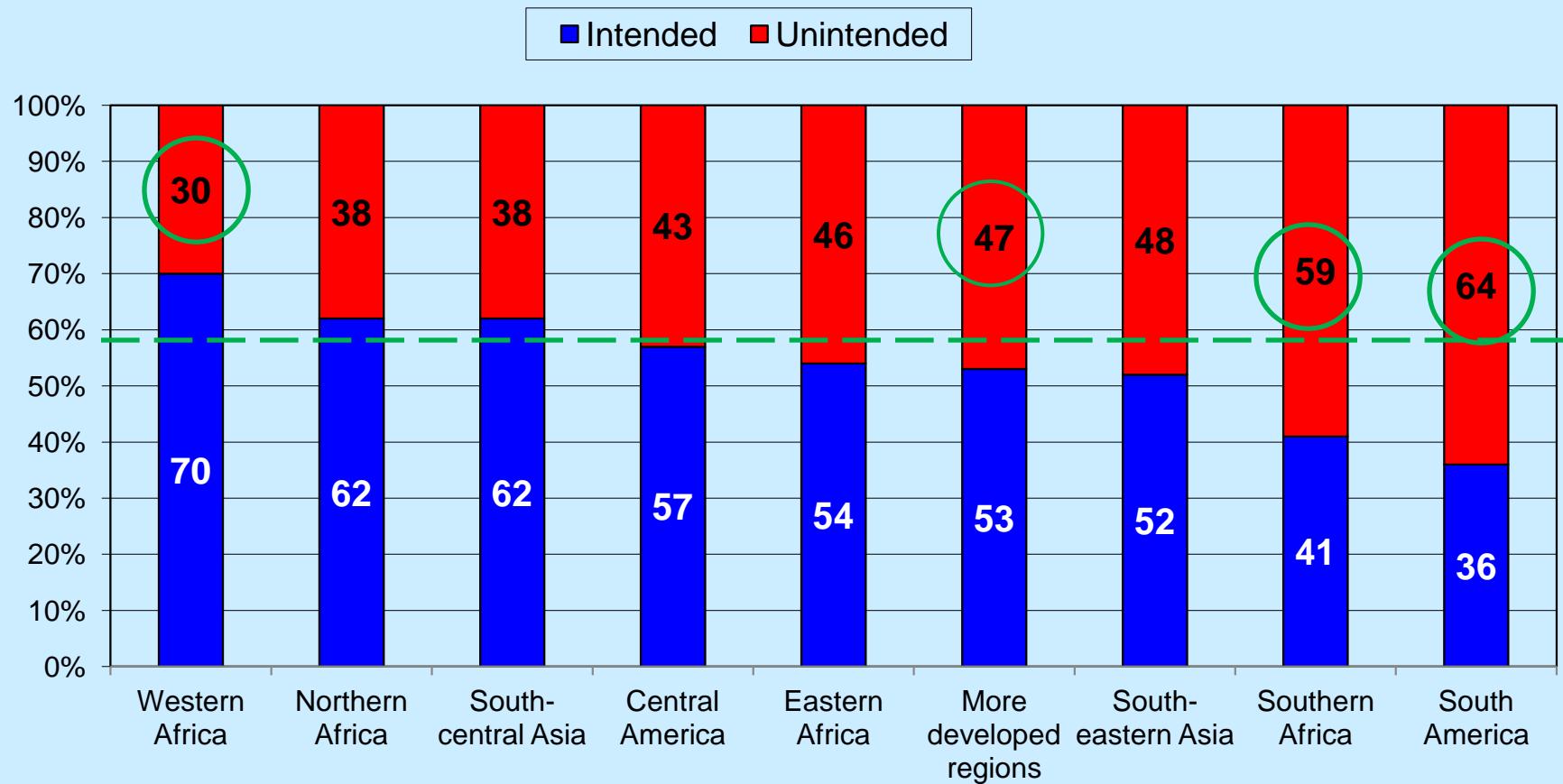
Market Development Approaches Working Group Meeting,

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**

Source: Darroch et al, 2011

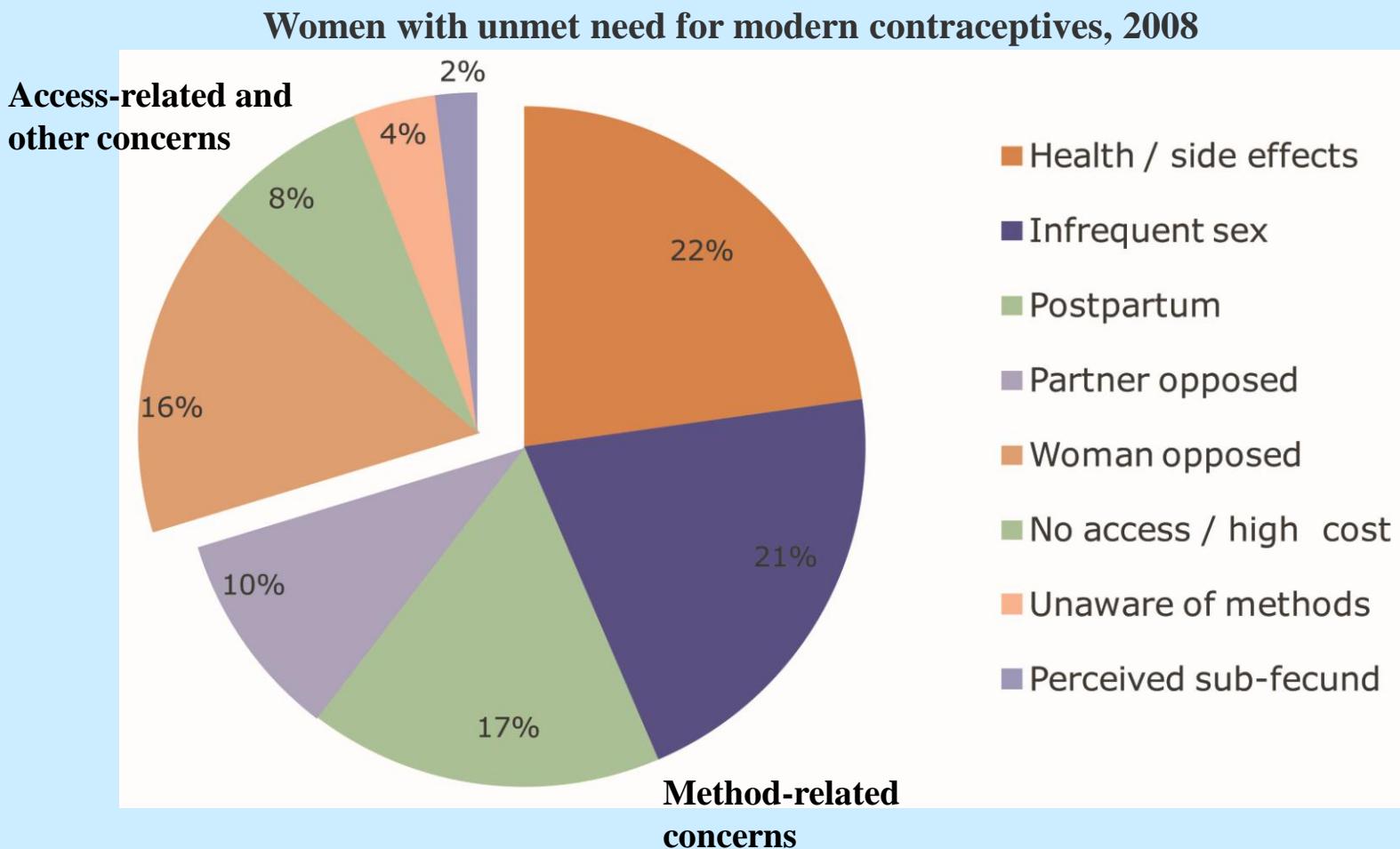
Method-use “failure”

- 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?



148 million women living in Sub-Saharan Africa, South Central Asia, Southeast Asia; Darroch et al 2011

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

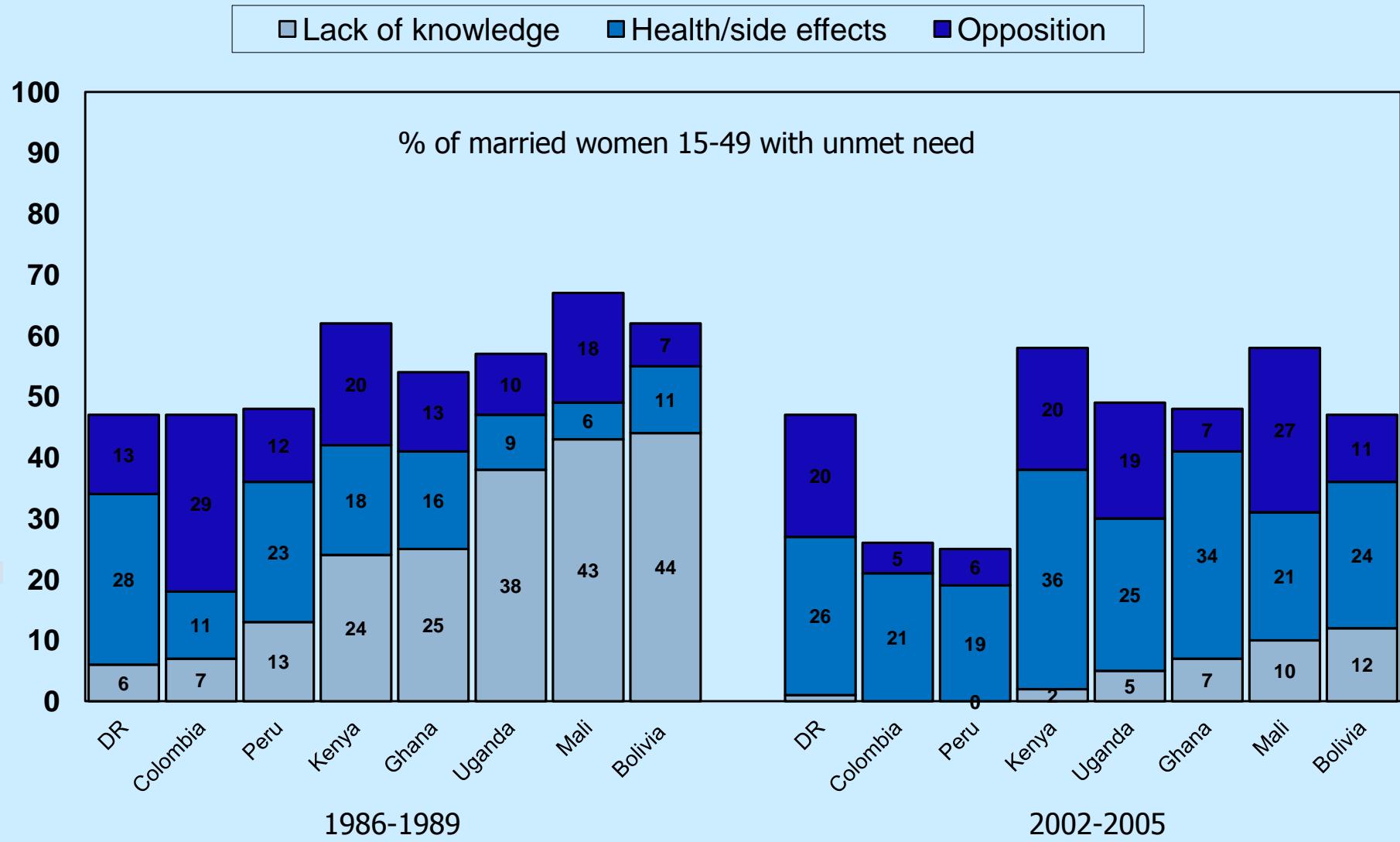
104 million women living in Sub-Saharan Africa, South Central Asia, Southeast Asia with method-related reasons for non-use; Darroch et al 2011

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



Guttmacher Institute

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%

Jain, 1999

Summary

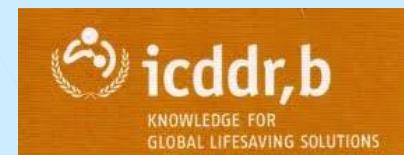
- Non-use of effective contraceptives is the major contributing factor to unintended pregnancy
- Discontinuation and method-use “failure” are not minor reasons for unintended pregnancy
- Reasons for non-use or use of less effective methods vary greatly
- Implications for market development vary according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



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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