

# Unmet Need and Unintended Pregnancy: The Bigger Picture

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*Is Access Enough? Understanding and addressing unmet need in family planning*

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# Why is unintended pregnancy important when understanding and addressing unmet need?

*“The concept of unintended pregnancy ..... is important in*

- understanding fertility-related behaviors,*
- forecasting fertility,*
- estimating unmet need for contraception,*
- understanding the impact of pregnancy intentions on maternal and child health,*
- designing family planning programs and evaluating their effectiveness, and*
- creating and evaluating community-based programs that prevent unintended pregnancy.”*

(Santelli et al 2003: 94)

# Preventing unintended pregnancies as a policy goal

- UK's 'Framework for Results for Improving Reproductive, Maternal and Newborn Health' strategic priority: "*prevent unintended pregnancies by enabling women and adolescent girls to choose whether, when and how many children they have*".
- USAID's core development objective: "*prevent 54 million unintended pregnancies*".
- Babatunde Osotimehin, FP2020 Co-Chair: "*Women should be empowered to decide whether and when they want to become pregnant, as well as how many children they want to have.*"

# What is an unintended pregnancy?

A pregnancy is usually defined as unintended if it is either unwanted, i.e. occurred when no children or no more children were desired

or wanted but mistimed at the time of conception, i.e. occurred earlier than desired

■ An intended pregnancy is both wanted and occurs at “the right time” – or later than desired

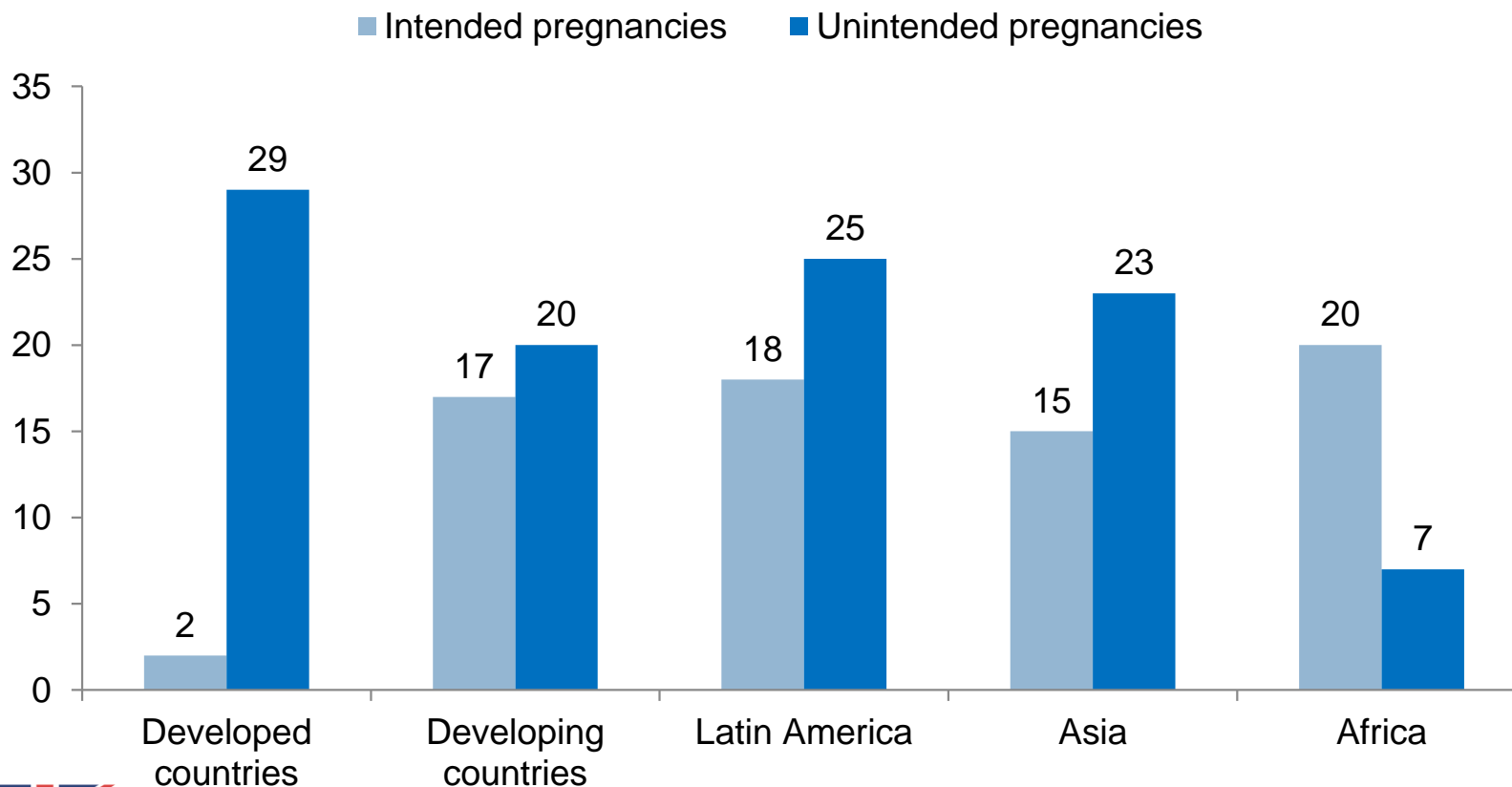
# Issues to consider when defining and measuring unintended pregnancy

- Intendedness / planning vs. wantedness / feeling
- Volition and control
- Retrospective vs. prospective measures
- Population-level vs. individual-level
- Unwanted vs. mistimed; phase of life
- Extent of mistiming
- Partner's (and others) intentions/preferences
- Rapidly changing social contexts
  - **Ambivalence**

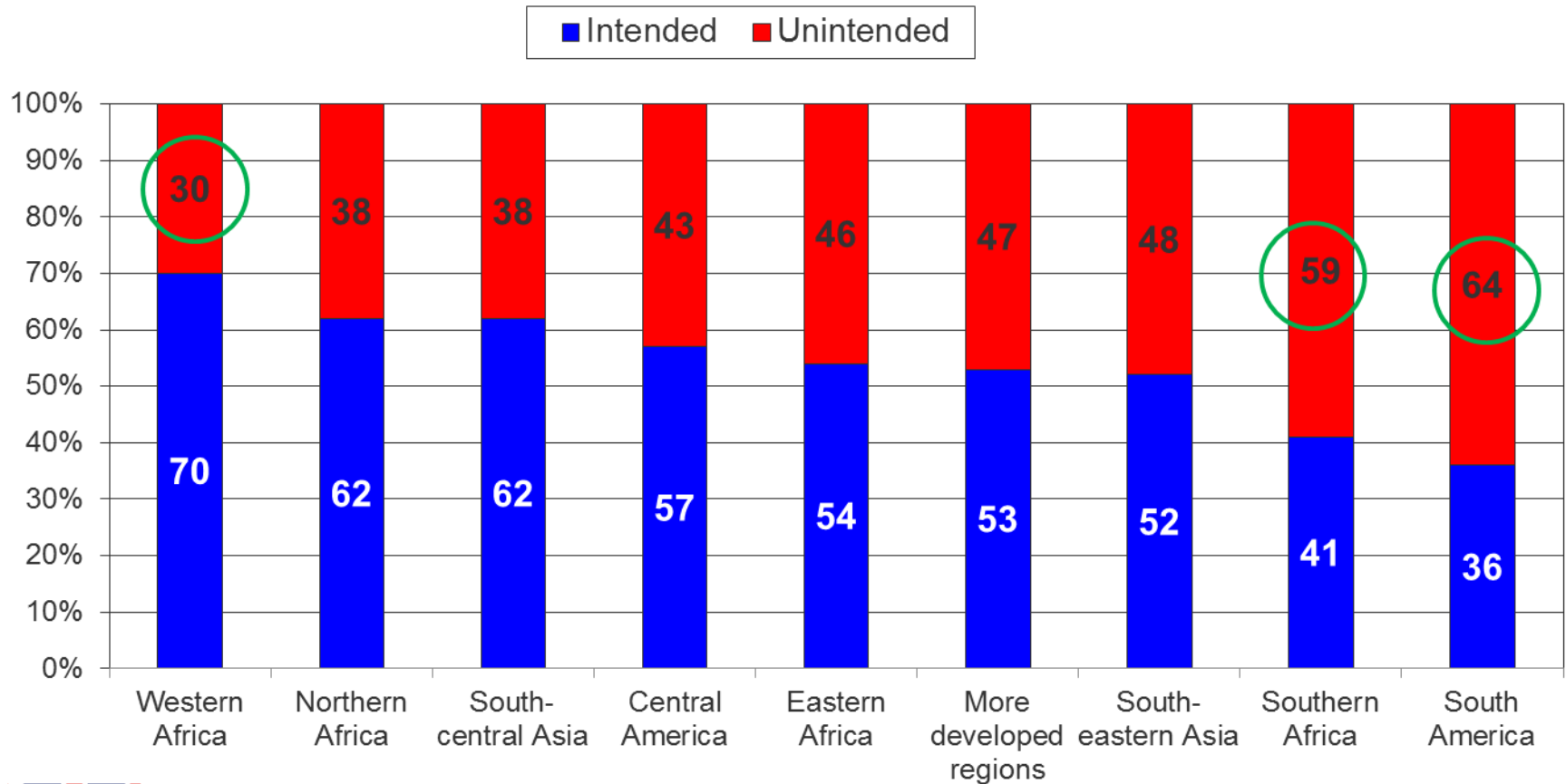
# Measuring unintended pregnancy

- ✓ Individual retrospective reports
- ✓ Multi-dimensional scaling
  - Santelli et al
  - London Measure of Unintended Pregnancy
- ✓ Prospective longitudinal studies
- ✓ Population-level unwanted fertility
- ✓ Population-level aggregation of outcomes
- ✓ Modeling programme effectiveness

# Trends in unintended pregnancy: Percentage decreases in number of unintended and intended pregnancies 1995 – 2008

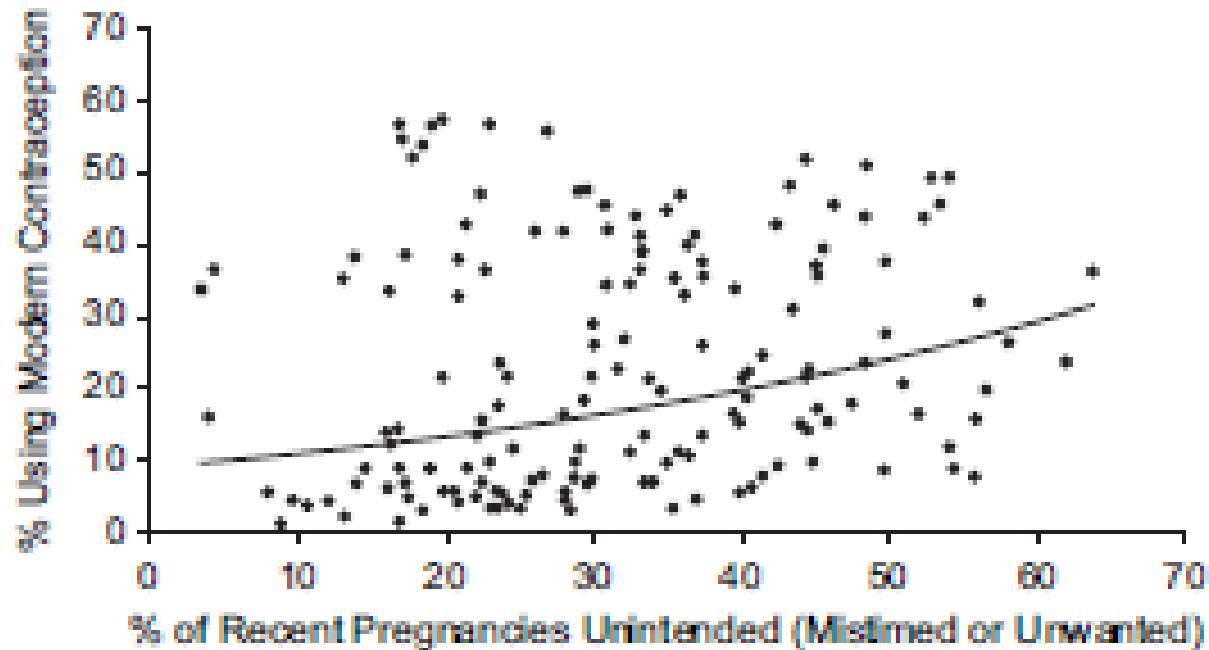


# Proportions of total pregnancies that were reported as unintended, by region, 2008

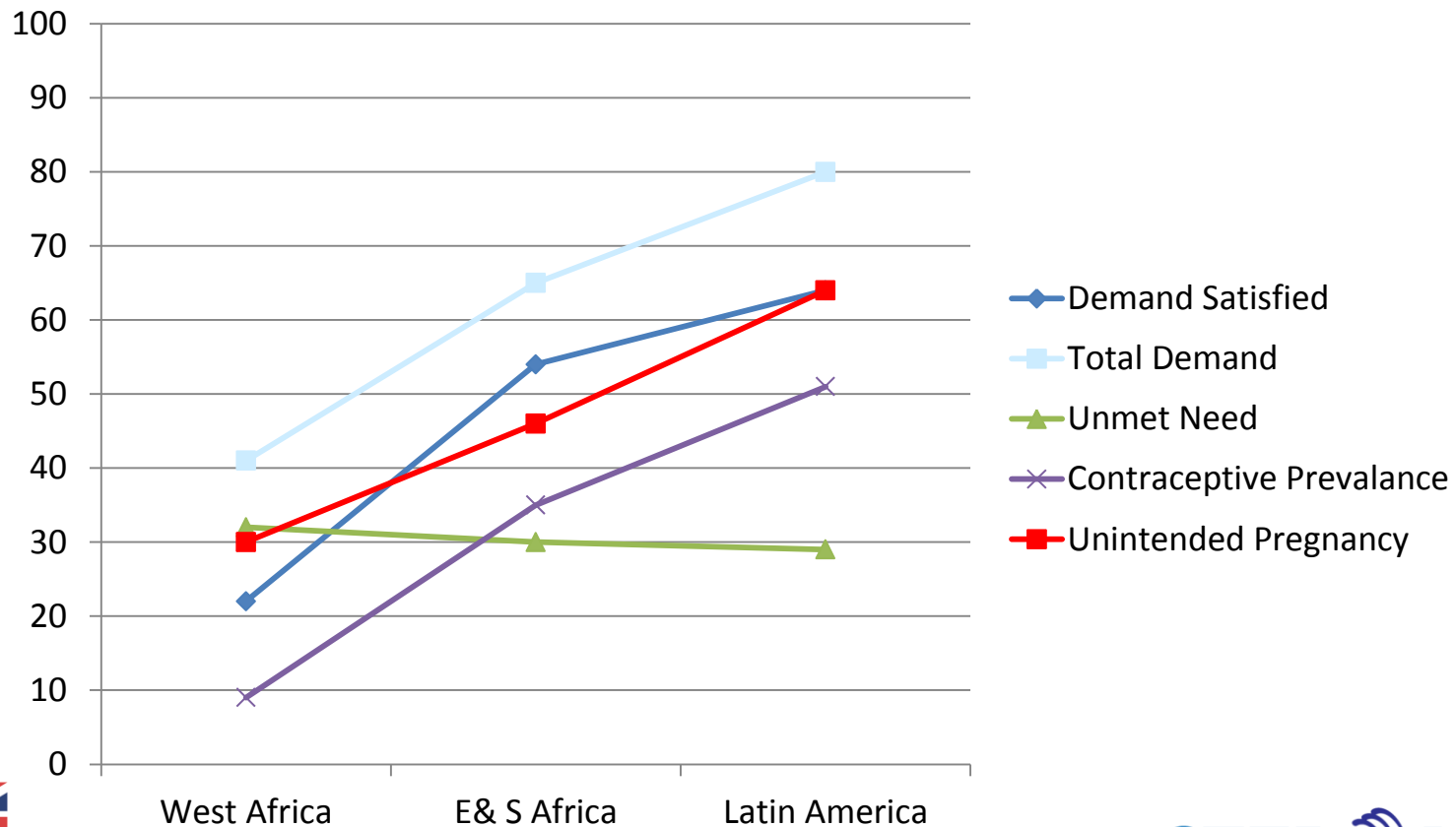




# Unintended pregnancy and contraceptive prevalence : An unexpected relationship

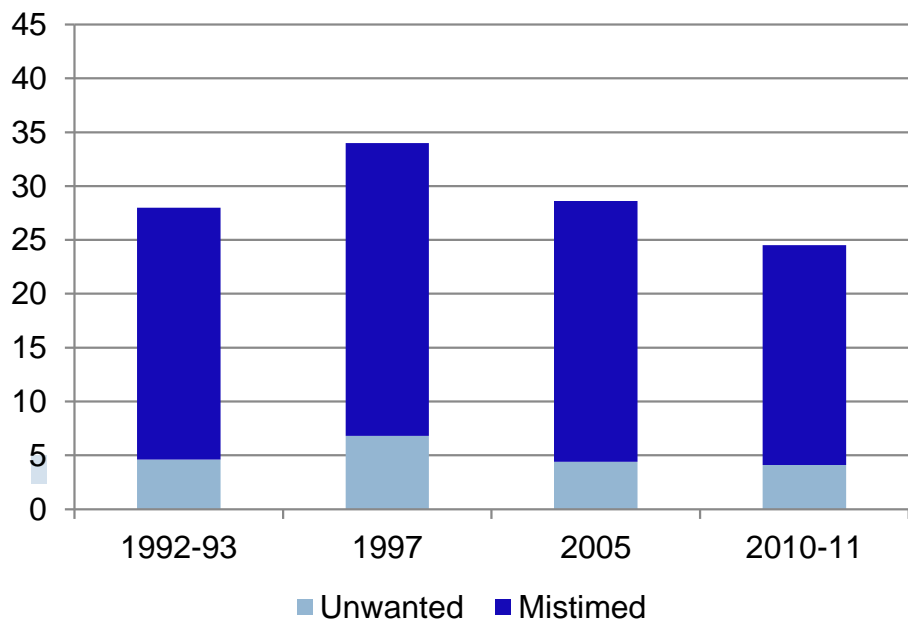


# Unintended pregnancy highest where demand, demand satisfied and CPR also highest - and no relationship with unmet need

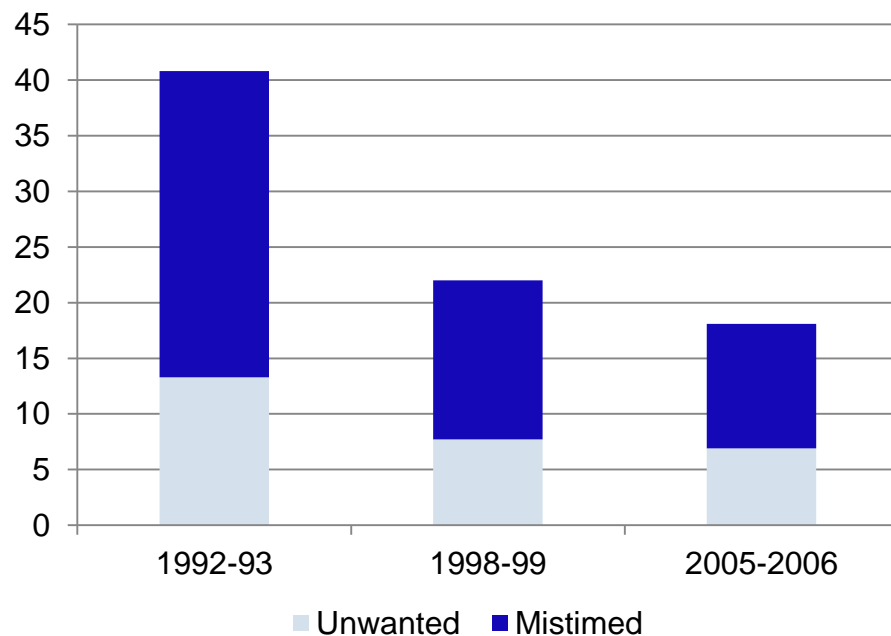


# Strong FP programmes can reduce unintended pregnancy

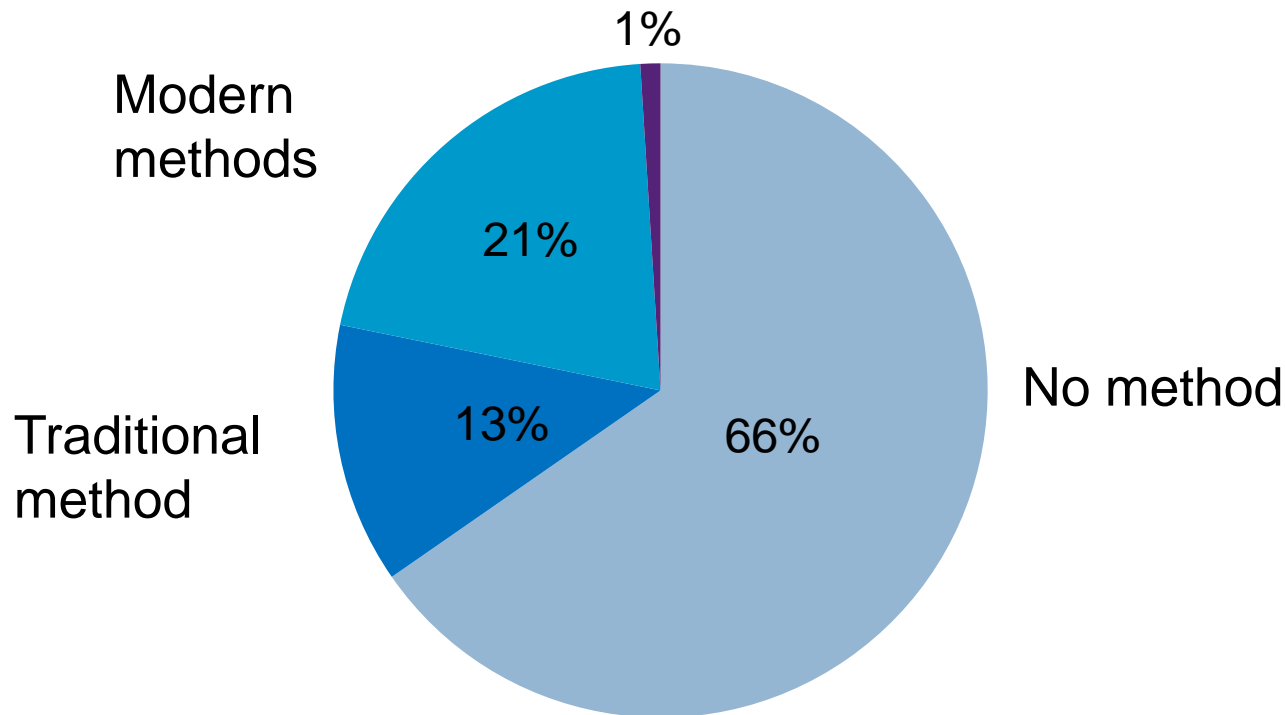
## Senegal unintended pregnancies over time



## Odisha State, India unintended pregnancies over time



# 1. Most – but not all – unintended pregnancies occur while not using any contraception, i.e. women with unmet need



# Method-use “failure”:

## 2. Inconsistent or incorrect use

## 3. Method failure

- Wide variation in proportion of unintended pregnancies due to failure (5 – 58%)
- Failure is more common among
  - Users of traditional methods
  - Short-acting methods (condoms, pills, injectables)
- Data from six countries show that 53% of abortions resulted from method-use failure

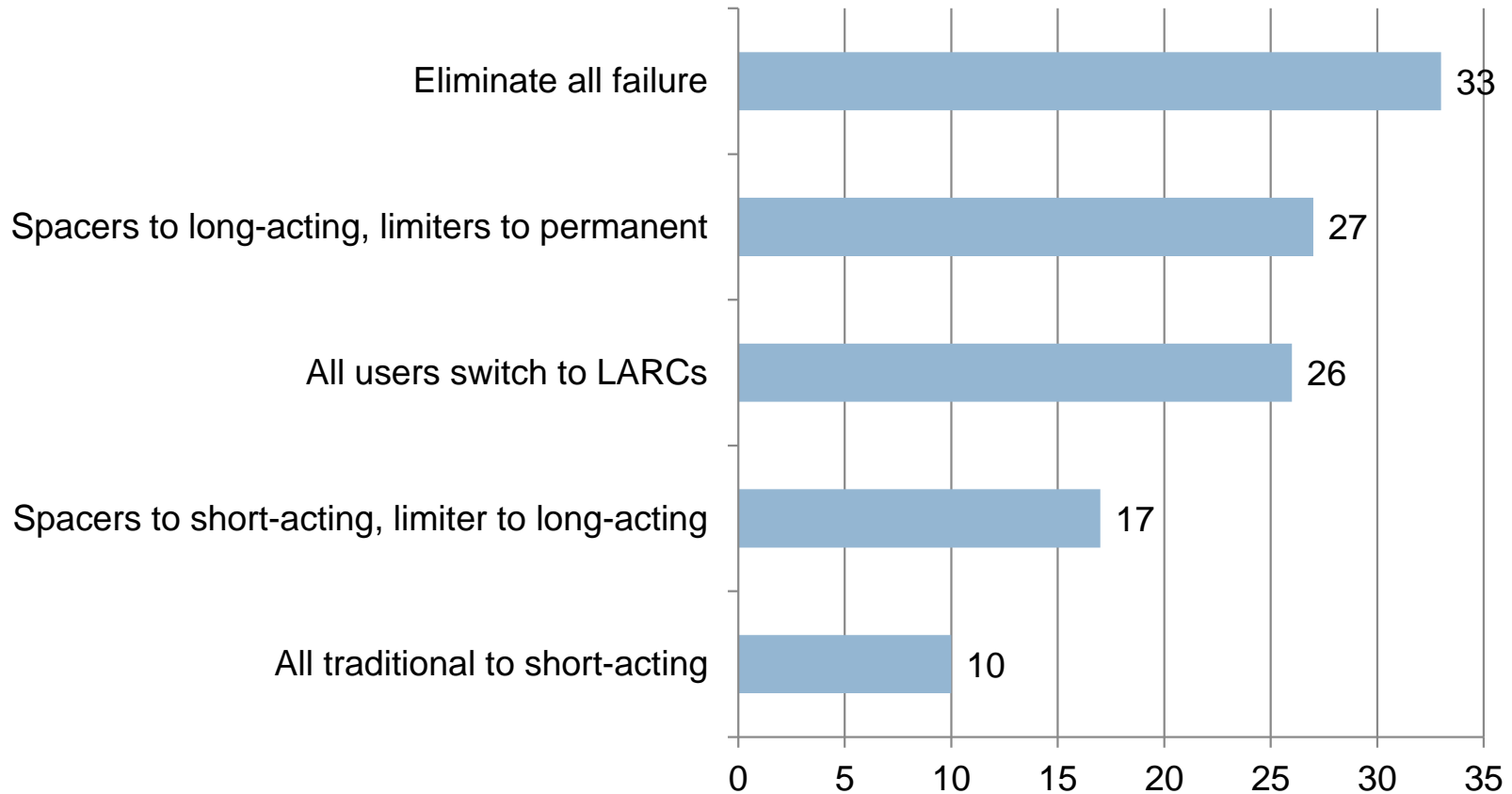
## 4. Discontinuation

## 5. Switching without subsequent protection

- All-method 12-month discontinuation rates: 38%
  - 14% because of wanting pregnancy / reduced need
  - 10% because of method-related reasons (esp. condom / natural methods)
  - 10% because of health / side-effects (esp. modern)
- Discontinuation may be followed by switching
  - 10-62% of women switch to a modern method within 3 months (1-27% to a traditional method)
  - Especially traditional method users → less likely to become pregnant after discontinuation than modern method users

# Reducing unintended pregnancy through increasing use of more effective methods

Percent reduction in unintended pregnancy



# Failure and discontinuation are major determinants of fertility and unwanted 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

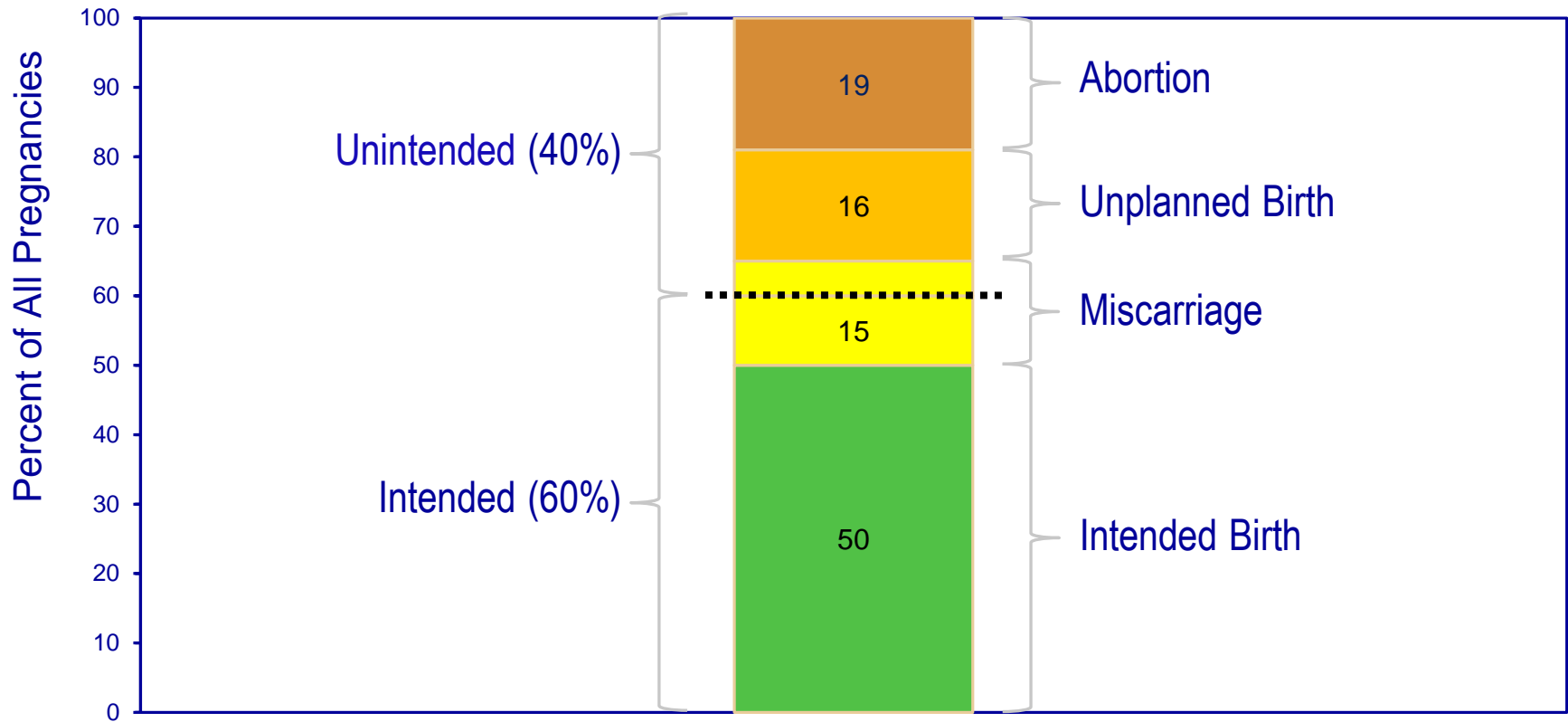
Blanc et al, 1999



# Outcomes of Unintended Pregnancy

Pregnancy Planning Status

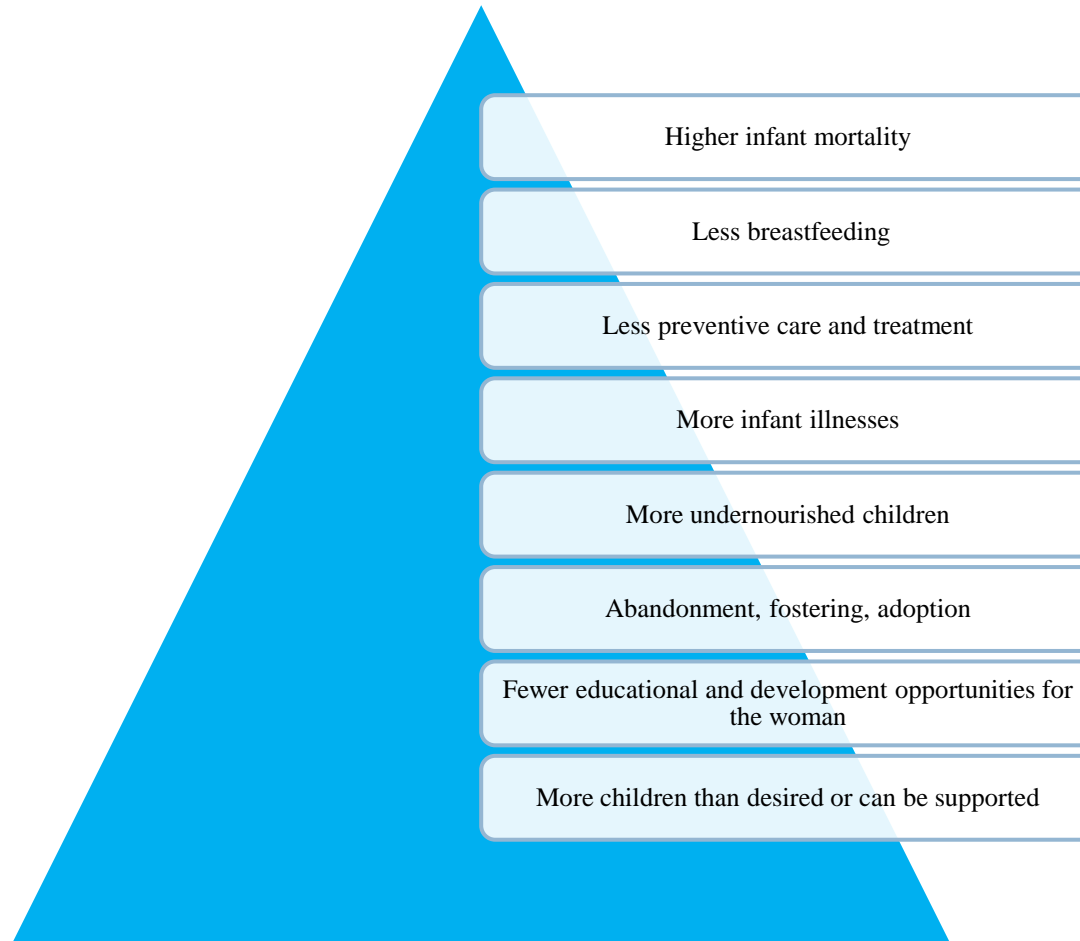
Pregnancy Outcome



# Preventing unintended pregnancies would result in...

- ✓ 26 million fewer induced abortions
- ✓ 7 million fewer miscarriages
- ✓ 21 million fewer unplanned births
- ✓ 600,000 fewer neonatal deaths
- ✓ 104,000 fewer pregnancy-related deaths

# Adverse outcomes of unplanned births: Would preventing unintended pregnancies reduce these outcomes?



# Unintended pregnancy as a policy goal

- Intuitively attractive and rights-based concept
  - But multidimensional and measurement issues
- Relationship with programme performance not straightforward
  - Trends appear to support association between effort and UP
- Focus on reducing unmet need diverts attention from unintended pregnancies among users
- Considered broadly, addressing unintended pregnancy incorporates many RMNCH issues beyond FP
  - Abortion, maternal health, infant & child development, infertility
- Implications for evaluating FP2020 initiatives
  - Do we need a “magic number”?

# STEP UP

STRENGTHENING EVIDENCE FOR PROGRAMMING ON UNINTENDED PREGNANCY



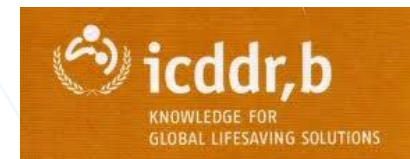
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The **STEP UP (Strengthening Evidence for Programming on Unintended Pregnancy) Research Programme Consortium** is coordinated by the Population Council in partnership with the African Population and Health Research Center; icddr,b; the London School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



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