

6 Composition of Need

6.1 USE OF CONTRACEPTION, EXPOSURE AND INTENTION TO USE

The spacing-limiting mix among women with an unmet need has already been noted. This difference in composition is shown

more systematically in Table 6.1 and Figure 6.1. In the sub-Saharan populations, spacing need predominates, whereas in the other regions the two kinds of need are either more balanced or the need for limiting is paramount (Near East/North Africa and several countries in Latin America).

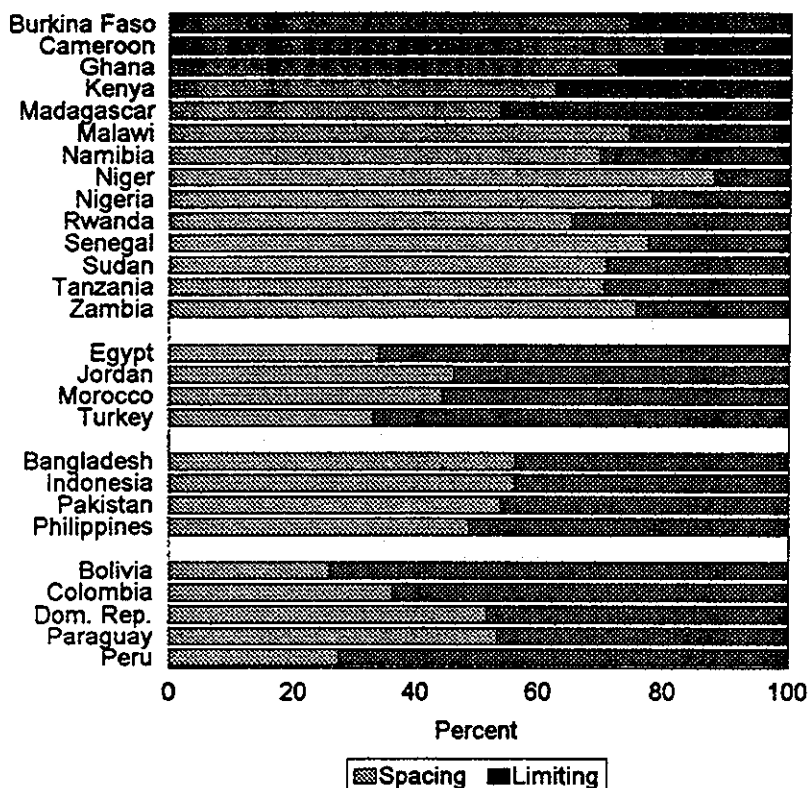
Table 6.1 Composition of unmet need

Composition of total unmet need among currently married women by type of need, use of contraception, exposure status, and intention to use, Demographic and Health Surveys, 1990-1994

Country	Need		Use of contraception		Exposure status			Intend to use		
					Pregnant or amenorrheic	Not pregnant or amenorrheic		Yes	No*	
	For spacing	For limiting	Never used	Ever used		Sexually active	Sexually inactive		Sexually active	Sexually inactive
SUB-SAHARAN AFRICA										
Burkina Faso	74.0	26.0	56.6	43.4	34.6	27.8	37.6	36.0	21.3	42.6
Cameroon	79.8	20.2	53.0	47.0	32.9	38.9	28.2	45.1	33.7	21.2
Ghana	72.2	27.8	57.5	42.5	42.6	29.2	28.2	69.5	15.1	15.4
Kenya	62.5	37.5	58.9	41.1	48.9	37.3	13.8	72.1	8.4	19.5
Madagascar	53.4	46.6	81.6	18.4	44.6	49.4	6.0	64.5	28.6	6.9
Malawi	74.1	25.9	59.2	40.8	46.4		53.6	71.5		28.5
Namibia	69.4	30.6	55.7	44.3	31.7	56.3	12.0	46.5	42.1	11.4
Niger	87.9	12.1	88.1	11.8	39.4	47.2	13.4	39.7	45.2	15.1
Nigeria	77.9	22.1	86.1	13.9	23.0	50.1	26.9	37.9	41.8	20.3
Rwanda	65.0	35.0	65.3	34.7	64.8	31.8	3.5	78.1	19.0	2.9
Senegal	77.3	22.7	83.9	16.0	44.5	38.6	16.8	49.7	33.5	16.8
Sudan (Northern)	70.6	29.4	70.0	30.0	37.4	38.9	23.7	31.5	42.1	26.4
Tanzania	70.2	29.8	74.2	25.8	38.7	45.3	15.9	47.0	37.1	15.8
Zambia	75.3	24.7	50.2	49.8	52.5	37.6	9.9	67.7	23.6	8.7
NEAR EAST/NORTH AFRICA										
Egypt	33.9	66.1	52.6	47.4	31.3		68.7	45.1		54.9
Jordan	46.1	53.9	47.8	52.2	26.0		74.0	45.1		54.9
Morocco	44.2	55.8	50.9	49.1	35.0	47.8	17.2	55.2	34.6	10.2
Turkey	33.0	67.0	51.4	48.6	31.0		69.0	63.0		37.0
ASIA										
Bangladesh	56.1	43.9	50.6	49.4	21.7	69.3	9.0	78.5	16.4	5.1
Indonesia	56.0	44.0	50.3	49.7	20.9	64.6	14.4	43.7	45.5	10.8
Pakistan	53.7	46.3	82.2	17.8	25.9		74.1	25.9		74.1
Philippines	48.6	51.4	62.9	37.1	32.0	53.3	14.8	40.5	47.4	12.1
LATIN AMERICA/CARIBBEAN										
Bolivia	25.9	74.0	71.8	28.2	47.0	38.3	14.7	54.5	29.5	16.0
Colombia	36.2	63.8	41.8	58.2	34.3	50.9	14.8	73.5	20.3	6.1
Dominican Republic	51.5	48.5	43.3	56.7	40.3	45.8	13.8	71.3	24.4	4.3
Paraguay	53.2	46.7	61.2	38.7	27.0	66.8	6.2	47.4	47.8	4.8
Peru	27.4	72.6	55.6	44.4	47.5	36.9	15.6	73.7	19.5	6.7

* Includes women who do not know their intention.

Figure 6.1 Spacing and limiting composition of unmet need, Demographic and Health Surveys 1990-1994



In sub-Saharan Africa, most of the women in need have never used any method of contraception, which is true of women in general in most of these countries. The same is the case for Pakistan and the Philippines as well as for Bolivia and Paraguay. In the remaining countries, prior experience with contraception balances about evenly with no experience.

A substantial fraction of women in need, ranging roughly from a quarter to over a half, are pregnant or amenorrheic. Among the women in need who are in neither status, most are sexually active (reported sex in the past month) although there are some African countries where significant proportions are not active (Burkina Faso, Cameroon, Ghana, Nigeria and the Sudan). This is relevant to expectations about future use, which is documented in the last panel of Table 6.1.

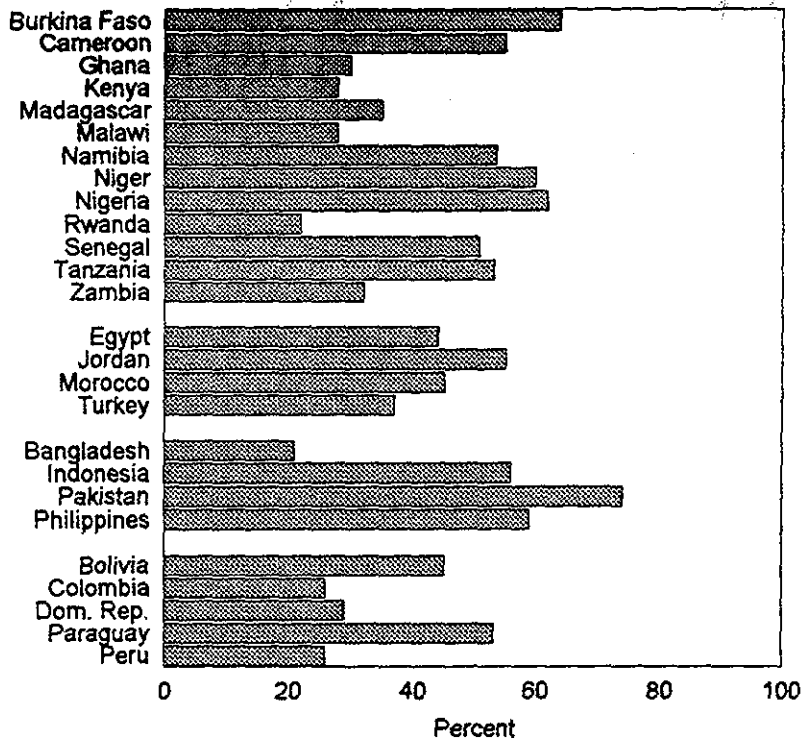
On average, 55 percent of women in need say that they intend to use a method of contraception. Most of the complement of 45 percent say that they do not intend to use; this includes a minority who are undecided. The percentages in need who do not intend to use range widely across the different countries, from a low of 21 percent in Bangladesh to a high of 74 percent in Pakistan

(Figure 6.2) Considering the cultural similarities of these two countries, this is a striking contrast. It reflects the intensive family planning program in Bangladesh and is one index of the lack of program effort in Pakistan. Part of this negative response is due to sexual inactivity but most of it to other reasons described in the next section. This large proportion of women in need who are disinclined to use a method has implications both for expectations about reducing the estimated levels of unmet need (the implied demand) and the consequent reduction of fertility. This subject is explored in a later section of this report.

6.2 REASONS FOR NOT INTENDING TO USE ANY METHOD

All women who were not currently using contraception who stated that they did not intend to use any method in the future were asked, "What is the main reason you do not intend to use a method?" The interviewer had the responsibility for selecting the one precoded response that corresponded most closely with the woman's answer. The distribution of these responses for women in need is presented in detail in Table 6.2. Although this is a superficial approach that does not capture the complexity of multiple

Figure 6.2 Percent of women in need who do not intend to use contraception, Demographic and Health Surveys, 1990-1994



Note: Includes women who do not know their intention.

Table 6.2 Main reason for not intending to use contraception

Main reasons for not intending to use a method among currently married women with an unmet need, Demographic and Health Surveys, 1990-1994

Country	Percent not intending to use ^a	Percent total	Wants children	Lack of knowledge	Partner opposed	Costs too much	Side effects	Health concerns	Hard to get	Religion	Opposed to family planning	Fatalistic	Others opposed	Infrequent sex	Difficult to get pregnant	Inconvenient	Other reason	Don't know
SUB-SAHARAN AFRICA																		
Burkina Faso	64.0	100.0	28.4	23.1	3.2	1.4	2.5	1.8	2.1	3.6	1.7	2.1	0.4	10.1	7.3	1.3	1.3	9.6
Cameroon	54.9	100.0	53.6	4.9	2.0	1.8	4.5	1.6	4.5	2.7	1.4	7.3	0.0	0.9	6.3	0.7	1.0	7.8
Ghana	30.5	100.0	21.4	19.9	1.5	0.4	15.1	4.8	0.7	4.8	3.7	3.3	0.4	5.5	9.6	2.6	1.5	4.8
Kenya	27.9	100.0	13.5	5.6	6.5	0.0	22.2	9.3	0.6	9.5	7.1	1.0	0.6	2.6	13.1	2.5	3.5	2.3
Madagascar	35.5	100.0	31.2	29.8	2.2	2.6	3.6	4.3	0.8	1.4	2.2	1.4	1.2	1.5	5.2	7.1	3.3	1.9
Malawi	28.5	100.0	28.2	13.6	4.6	1.3	6.9	7.7	0.0	0.0	1.9	6.2	0.6	1.2	18.2	1.3	2.3	5.9
Namibia	48.4	100.0	44.1	16.7	2.0	0.0	3.1	7.1	0.9	2.4	3.7	0.5	0.0	0.5	6.2	0.0	3.8	9.0
Niger	60.3	100.0	40.5	24.0	3.2	2.1	0.5	1.7	2.4	2.3	0.2	3.1	0.5	1.8	10.1	4.2	2.0	1.3
Nigeria	62.1	100.0	41.5	15.5	2.5	0.9	5.2	1.6	1.4	13.8	4.6	5.7	0.5	1.9	0.1	1.0	1.6	2.2
Rwanda	21.9	100.0	21.5	4.8	4.5	0.4	17.1	8.3	0.0	5.1	0.4	8.2	0.9	5.0	11.1	2.9	7.5	2.0
Senegal	50.3	100.0	34.0	12.5	3.9	0.2	3.9	2.8	0.4	12.3	4.3	11.6	0.9	1.3	4.3	2.2	1.3	4.1
Sudan (Northern)	68.5	b																
Tanzania	53.0	100.0	26.9	12.8	7.4	0.1	9.0	1.7	4.2	0.5	12.4	6.0	0.1	3.2	7.1	2.4	1.9	4.4
Zambia	32.3	100.0	21.3	15.3	9.3	0.7	8.1	2.1	1.6	1.9	4.4	1.8	0.3	1.2	21.0	3.5	3.9	3.7
NEAR EAST/NORTH AFRICA																		
Egypt	43.8	100.0	12.0	0.3	6.3	0.2	5.3	15.5	0.0	1.4	0.8	12.7	0.1	13.0	25.3	0.5	3.5	2.4
Jordan	54.9	100.0	11.2	2.0	8.0	0.2	7.4	11.5	0.0	6.8	1.1	9.1	0.2	2.6	27.1	1.5	6.1	5.1
Morocco	44.8	100.0	23.9	6.3	11.7	0.7	18.5	18.0	0.2	4.1	0.7	0.7	0.2	8.0	3.9	0.5	2.2	0.0
Turkey	37.0	100.0	14.0	4.3	4.9	0.4	5.0	3.1	1.1	6.9	0.4	5.4	0.0	12.5	32.6	1.6	3.7	4.0
ASIA																		
Bangladesh	21.5	100.0	7.3	2.5	15.2	0.0	7.3	10.0	0.0	17.5	0.0	7.6	1.1	8.0	14.3	0.0	4.8	4.3
Indonesia	56.3	100.0	21.3	9.2	11.3	1.9	6.6	15.4	0.6	0.5	3.6	3.2	2.1	4.7	11.5	1.1	1.6	5.4
Pakistan	74.1	100.0	30.3	11.5	11.3	0.9	5.6	2.3	0.5	18.1	1.7	3.3	0.1	1.4	7.1	0.3	2.4	3.0
Philippines	59.5	100.0	10.6	8.1	0.0	0.8	32.8	14.6	0.8	5.4	4.3	0.7	0.0	0.0	17.6	2.5	1.4	0.4
LATIN AMERICA/CARIBBEAN																		
Bolivia	45.5	100.0	2.6	34.2	3.3	1.7	8.6	18.4	2.0	6.3	4.5	0.0	0.0	6.0	4.9	0.6	2.4	4.5
Colombia	26.5	b																
Dominican Rep.	28.7	100.0	24.4	5.9	4.9	2.1	4.4	16.5	0.3	4.1	5.7	2.7	0.0	1.5	13.1	0.0	10.4	4.0
Paraguay	52.6	b																
Peru	26.2	100.0	2.2	16.6	6.2	2.3	5.3	15.5	0.6	1.6	0.8	5.2	0.8	8.0	13.4	0.8	15.7	4.7

^a Includes women who do not know their intention

^b Answer categories not fully comparable with other countries

reasons, it presumably gives some indication of the nature of the attitude. It is important to keep in mind that these reasons apply only to women in need who do not intend to use a method, a group that typically is a small fraction of all married women.

The first reason, which includes the largest numbers of women for most of the countries, is that they want children. This is a particularly frustrating response because it is ostensibly inconsis-

tent with the basis of the unmet need classification, which includes nonusers who say either that they want to postpone the next birth or that they want no more children. In the subsequent summary tables, this response is referred to as ambivalence about future childbearing. It is significant that most of this response is among women classified with an unmet need for spacing (compare Table 6.3 with Table 6.4) for whom the ambivalence is about the timing of the next child.

Table 6.3 Reasons women with an unmet need for spacing do not intend to use

Main reason that currently married women with unmet need for spacing do not intend to use a method, Demographic and Health Surveys, 1990-1994

Country	Percent who do not intend to use ^a	Total	Reason for not intending to use						
			Ambivalent	Uninformed	Opposed	Unavailable, inconvenient	Side effects	Not exposed	Other, Don't know
SUB-SAHARAN AFRICA									
Burkina Faso	63.4	100.0	38.4	25.9	12.2	3.8	2.8	4.9	12.0
Cameroon	59.6	100.0	59.1	4.3	11.3	7.2	5.1	5.1	7.8
Ghana	31.5	100.0	28.0	24.5	14.5	4.0	14.0	9.0	6.0
Kenya	26.0	100.0	21.9	15.4	28.0	3.6	14.8	11.8	4.4
Madagascar	39.7	100.0	49.8	29.8	6.5	7.1	2.0	2.6	2.3
Malawi	27.1	100.0	40.5	17.8	15.5	1.7	4.6	11.2	8.6
Namibia	49.1	100.0	57.6	14.9	9.0	0.0	2.8	5.3	10.3
Niger	59.1	100.0	44.8	24.9	7.8	7.8	0.4	10.3	4.0
Nigeria	66.0	100.0	44.6	15.7	27.5	3.2	4.6	1.1	3.2
Rwanda	20.3	100.0	33.4	11.7	20.7	0.9	14.1	13.8	5.4
Senegal	50.6	100.0	41.6	12.0	31.0	2.9	3.4	4.2	4.9
Sudan (Northern)	67.9	b							
Tanzania	53.0	100.0	32.7	12.8	26.5	5.6	6.2	8.4	7.8
Zambia	32.1	100.0	29.4	19.1	15.6	5.5	8.9	14.4	7.1
NEAR EAST/NORTH AFRICA									
Egypt	43.5	100.0	38.7	6.3	28.9	1.5	6.0	15.0	3.6
Jordan	40.4	100.0	26.7	13.6	31.6	1.1	7.8	12.7	6.5
Morocco	44.4	100.0	48.5	16.2	16.8	0.6	10.4	6.4	1.2
Turkey	27.2	100.0	52.5	7.4	9.9	4.8	2.9	14.9	7.8
ASIA									
Bangladesh	18.5	100.0	14.3	12.4	54.8	0.0	3.7	7.4	7.3
Indonesia	53.3	100.0	39.9	17.3	22.8	3.1	4.7	5.7	6.4
Pakistan	82.1	100.0	46.9	10.6	31.8	0.4	1.6	4.0	4.5
Philippines	55.7	100.0	20.7	22.3	11.5	3.0	31.5	9.1	1.8
LATIN AMERICA/CARIBBEAN									
Bolivia	42.1	100.0	9.5	39.5	29.6	1.7	7.3	6.7	5.7
Colombia	21.9	b							
Dominican Republic	23.1	100.0	58.9	7.9	4.3	0.0	4.3	10.2	14.4
Paraguay	45.5	b							
Peru	23.6	100.0	12.1	49.8	16.6	1.0	3.1	3.6	13.7

^a Includes women who do not know their intention

^b Answer categories not fully comparable with other countries

Table 6.4 Reasons women with an unmet need for limiting do not intend to use

Main reason that currently married women with unmet need for limiting do not intend to use a method, Demographic and Health Surveys, 1990-1994

Country	Percent who do not intend to use ^a	Total	Reason for not intending to use						
			Ambivalent	Uninformed	Opposed	Unavailable, inconvenient	Side effects	Not exposed	Other, Don't know
SUB-SAHARAN AFRICA									
Burkina Faso	65.5	100.0	4.5	22.6	8.3	7.6	1.8	47.1	8.0
Cameroon	36.2	100.0	20.2	19.3	25.8	5.8	1.2	13.6	14.1
Ghana	27.9	100.0	2.8	25.3	11.3	2.8	18.3	32.4	7.0
Kenya	31.3	100.0	4.7	14.4	21.2	2.7	30.0	19.8	7.2
Madagascar	30.8	100.0	5.4	40.4	11.1	15.3	6.0	12.6	9.3
Malawi	32.5	100.0	2.4	28.7	8.6	4.5	11.8	36.6	7.4
Namibia	46.9	100.0	11.9	44.9	7.7	3.2	3.8	9.8	18.9
Niger	68.7	100.0	21.1	29.6	16.1	12.6	0.6	19.5	0.6
Nigeria	47.4	100.0	25.5	24.7	25.5	4.2	8.4	6.6	5.1
Rwanda	24.9	100.0	4.0	15.2	16.9	7.0	21.6	19.6	15.6
Senegal	49.1	100.0	9.4	26.0	39.4	2.4	5.5	10.2	7.1
Sudan (Northern)	69.7	b							
Tanzania	53.1	100.0	14.7	17.9	26.0	9.0	14.8	14.2	3.5
Zambia	38.1	100.0	2.3	13.6	22.6	6.5	6.2	40.2	8.5
NEAR EAST/NORTH AFRICA									
Egypt	44.0	100.0	1.0	20.8	19.1	0.5	5.3	51.3	2.2
Jordan	66.8	100.0	5.4	14.6	24.9	2.2	7.9	39.9	5.0
Morocco	45.1	100.0	5.9	30.4	18.1	2.1	24.5	16.0	2.9
Turkey	41.8	100.0	2.7	7.5	19.9	2.6	5.6	53.9	7.7
ASIA									
Bangladesh	25.3	100.0	0.7	12.6	28.9	0.0	10.6	36.3	10.8
Indonesia	60.2	100.0	3.4	31.7	18.9	4.1	8.5	26.4	6.9
Pakistan	64.7	100.0	5.1	18.8	38.8	3.7	11.7	15.3	6.7
Philippines	63.2	100.0	2.6	23.2	9.6	4.9	33.9	24.3	1.5
LATIN AMERICA/CARIBBEAN									
Bolivia	46.7	100.0	0.6	56.3	4.8	5.1	9.0	12.0	7.2
Colombia	29.1	b							
Dominican Republic	35.6	100.0	4.9	30.5	24.9	3.7	4.5	17.1	14.4
Paraguay	60.8	b							
Peru	29.1	100.0	0.7	38.0	16.3	5.3	7.5	11.4	20.8

^a Includes women who do not know their intention

^b Answer categories not fully comparable with other countries

The second most common response is "lack of knowledge." This is an important response in most of the sub-Saharan countries and in a few countries outside of that region, such as Bolivia and most interestingly Peru, which has a comparatively high prevalence rate (the rhythm method is the most commonly used). Lack of knowledge about methods is an obstacle to use that is much more easily overcome than attitudes related to religion or other forms of opposition. More general concerns about the health implications of contraception appear in several countries (Bangladesh, the Dominican Republic, Egypt, Indonesia, Jordan, Morocco, Peru, and Philippines). Concerns about health are not an important reason in the sub-Saharan countries.

The side effects of contraceptive practice is an important reason for not intending to use a method in a few countries (Kenya, Morocco, the Philippines and Rwanda) but such a concern will

only appear in countries with some contraceptive experience. It is not clear whether women who offer this reason actually experienced side effects or are apprehensive about the possibility.

Religious opposition to use appears in Bangladesh and Pakistan but not in Egypt or Indonesia or in the Catholic countries of Latin America or in the Philippines. Opposition from partners appears mainly in Bangladesh, Indonesia, Morocco, and Pakistan but is negligible elsewhere

Another reason that has some frequency of response in several countries is "difficult to get pregnant." Women classified as infecund have already been excluded from the unmet need category; thus, this is an additional type of subfecundity not captured by our behavioral criteria of infecundity (see footnote 3).

The remaining reasons are not individually important. This is particularly significant for what is commonly referred to as "supply" reasons, such as availability, cost or inconvenience (which may have other meanings as well). Both cost and "hard to get" show extremely low frequencies in Table 6.2.⁸

These various reasons for not intending to use a method are grouped and presented by the need for spacing and the need for limiting separately (Tables 6.3 and 6.4). As noted earlier, ambivalence about childbearing is concentrated among women with a spacing need, which indicates that it is mainly uncertainty about the timing of childbearing rather than about whether to have another child.

Lack of information about both methods and general health matters is concentrated among women with a need for limiting although it is far from insignificant among those with a spacing need. This difference may have a generational explanation since more older women are in the need for limiting category.

Opposition to contraception, into which religious reasons, fatalistic responses, and other sources of opposition are grouped, shows similar frequencies among women with a spacing need and those with a limiting need. These reasons are quite important for many countries.

Unavailability and inconvenience and cost are slightly more prominent among women with a limiting need than with a spacing need. However, they are of minor importance as a reason not to intend to use.

Side effects as the main reason women do not intend to use any method is important only in a few countries and only among women with a need for limiting.

The last category, "not exposed to risk," which includes infrequent sex and difficulty conceiving, is particularly important among the (older) women with a need for limiting. For a few countries, the proportion not intending to use because they believe they are not sufficiently exposed to the risk of pregnancy reaches a third to a half of the reasons offered for not intending to use. This reason seems particularly relevant to assessing the impact of unmet need on fertility because it implies that significant fractions of women classified in need do not feel that need and therefore it exaggerates the potential demographic impact of satisfying unmet need.

These grouped reasons are further summarized in Figure 6.3 for the 13 sub-Saharan countries by averaging the percentages in each category in Table 6.2. The other regions are not sufficiently represented to support this summary treatment.

⁸ The same finding was reported in an analysis of the reasons for nonuse in the DHS-I surveys (Bongaarts and Bruce, 1995).

Figure 6.3 Reasons why women in need do not intend to use contraception, by type of need, for an average of 13 sub-Saharan countries, Demographic and Health Surveys, 1990-1993

