

“Needs” Without Wants

Advocates claim that millions of women have an “unmet need” for modern contraceptives. They are calling for governments to commit over \$9 billion a year for family planning.

But the “unmet need” concept is deliberately misleading.

“Unmet need for family planning” was a concept intended to create common ground between groups focused on women’s rights and population control advocates with a history of resorting to coercion.¹

DEFINITION: “Women with unmet need are those who are [fertile] and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the next child.”

“The concept of unmet need points to the gap between women’s reproductive intentions and their contraceptive behaviour.”²

The definition does not measure either women’s desire to practice contraception or their access to contraceptives.³

Women’s attitudes toward childbearing are oversimplified:

- Current Demographic and Health Survey (DHS) questionnaires ask women whether they want to have a(nother) child in the next two years—yes or no?
- Surveys prior to 2003 included a follow-up question asking how strongly they felt about their desire to avoid pregnancy. **Their answers show that a lot of information is lost by asking the question as a simple yes or no.**
- For example, from a quarter to more than half of women in several sub-Saharan African countries who had expressed a desire to avoid pregnancy said it would be “no problem” or “a small problem” if they became pregnant in the next few weeks.⁴

The “unmet need” falsely equates desire to postpone pregnancy with demand for contraceptives.



UNFPA and the Guttmacher Institute assume all women they label as having “unmet need” will use contraceptives. The evidence says otherwise.

Women choose not to use contraceptives for a variety of reasons:

- When married women in Africa, Asia, Latin America, and the Caribbean with “unmet need” are asked why they do not use modern contraceptives, only **4–8% of them cite lack of access**.⁵
- Self-reported lack of access to contraceptives by all married women is 1.88% in Africa, 0.9% in Asia, and 0.5% in Latin America and the Caribbean.
- Many more women reported concern about side effects, personal opposition to using contraceptives, current breastfeeding, or infrequent sex as reasons for non-use.

“Unmet need” is not the same as lack of access:

- As a measurement “unmet need” is routinely misused or misunderstood by the very advocacy groups that use it the most frequently.
- In 2014, it was reported that 222 million women in the world had “unmet need” for contraceptives.
- 86% of the top family planning NGOs mischaracterize the “unmet need” figure as “lack of access” on their websites or advocacy materials.⁶

- International Planned Parenthood Federation (IPPF) ran a billboard in NYC’s Times Square, saying “**over 200 million women want access to contraception but can’t get it**” – despite the fact that “unmet need” measures neither access to nor desire for contraceptives

What happens as access approaches actual demand, yet “need” projections remain significantly higher?

- UNFPA and the Guttmacher Institute are calling for \$9.4 billion annually to provide family planning to women in developing countries with “unmet need.”⁷
- Their estimates “**assume that all women with unmet need would use modern contraceptives.**” Yet large proportions of women categorized as having “unmet need” say that they **do not intend** to use contraceptives in the future.⁸

Rather than a voluntary approach to family planning, “unmet need” instead channels vast sums of money toward wealthy groups and programs that may be wasteful at best or coercive at worst.

Footnotes:

¹ Cleland J, Harbison S, and Shah, IH. “Unmet Need for Contraception: Issues and Challenges.” *Studies in Family Planning* 2014; 45[2]: 105–122

² Definition from Millennium Development Goal 5b indicator <http://mdgs.un.org/unsd/mdg/Metadata.aspx?IndicatorId=0&SeriesId=777>

³ Bradley SEK, and Casterline JB. “Understanding Unmet Need: History, Theory, and Measurement” *Studies in Family Planning* 2014; 45[2]: 123–150

⁴ Speizer, IS. “Using Strength of Fertility Motivations to Identify Family Planning Program Strategies,” *International Family Planning Perspectives*, 2006, 32(4):185–191

⁵ Sedgh G and Hussain R. “Reasons for Contraceptive Non use among Women Having Unmet Need for Contraception in Developing Countries.” *Studies in Family Planning* 2014; 45[2]: 151–169

⁶ 19 of 22 of the civil society partners designated by the 2012 London Summit on Family Planning have claimed that the 222 million figure measures lack of access.

⁷ Singh S, Darroch JE, Ashford LS. 2014. “Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014.” New York, NY: Guttmacher Institute and United Nations Population Fund.

⁸ Westoff, CF. “Unmet need for modern contraceptive methods,” DHS Analytical Studies No. 28. Calverton, MD: ICF International. 2012