

Kenya

Reproductive Transitions: Unmet Need for Family Planning

WHAT IS UNMET NEED FOR FAMILY PLANNING?

Women with unmet need are broadly defined as those who want to postpone their next birth for two years or more, or not have any more children, but they are not using contraception.¹

WHY LOOK AT UNMET NEED?

Today, more than 220 million women in developing countries have an unmet need for family planning. In reality, the number of women experiencing unmet need is likely much higher. Contraceptive needs can fluctuate due to shifts in fertility desires that occur in response to changing life circumstances such as entering a serious relationship or changes in household finances.² Accordingly, women may pass in and out of unmet need, rather than experiencing it as a one-time event. The more we understand life's reproductive transitions, the characteristics of women with need, and their reasons for not using family planning, the more we can improve family planning services and better meet the needs of women and men globally.

WHAT IS THE SITUATION IN KENYA?*

- According to the latest national survey, about one in four married women of reproductive age reported having an unmet need for family planning at the time of the survey, which translates into approximately 1.4 million women.³ Half of these women wanted to space their next birth, and the other half did not want to have any more children.
- Women who want to avoid pregnancy, but are not using an effective method of contraception, account for a large majority of unplanned pregnancies. In Kenya, 43 percent of pregnancies are unplanned.

- Unmet need for family planning is highest among adolescents (15-19) and 20-to-29-year-olds at about 30 percent, compared to 22 percent of 30-to-34-year-olds, and one-quarter of women ages 35 to 44.
- The level of unmet need continues to be higher in rural areas (27 percent) than in urban areas (20 percent). In 2009, Nyanza province and Rift Valley had the highest levels, with about one-third of women reporting unmet need, while Nairobi, North Eastern, and Central provinces had the lowest unmet need at an estimated 15-16 percent.

General Reproductive Health Data

- Maternal mortality – 488 deaths/100,000 live births
- Infant mortality – 52 deaths/1,000 live births
- Under-5 mortality – 74 deaths/1,000 live births
- Total fertility rate – 4.6 children per woman
- Mean idea number of children:
 - Women – 3.8 children
 - Men – 4.0 children
- Median birth interval – 33 months
- Median age at first childbearing – 19.8 years
- Unplanned pregnancies – 43%
- Contraceptive prevalence rate (all methods) – 46%
 - Traditional methods – 6%
 - Modern methods – 39%
 - Pill – 7%
 - Injectables – 22%
 - Male condom – 2%
 - IUD – 2%
 - Implants – 2%
 - Female sterilization – 5%

Unmet need for family planning among currently married women:

- Total unmet need – 26%
 - Unmet need for spacing – 13%
 - Unmet need for limiting – 13%

Kenya Demographic and Health Survey, 2008-2009

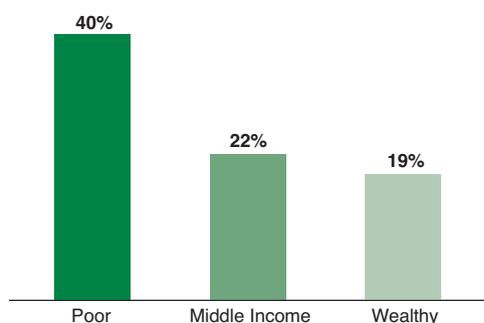
* Unless otherwise noted, all data used in this fact sheet are from the *Kenya Demographic and Health Survey, 2008-2009* (Calverton, MD: Kenya National Bureau of Statistics (KNBS) and ICF Macro, 2010).

WHY ARE WOMEN IN KENYA NOT USING CONTRACEPTION?

- A recent analysis revealed the top four reasons why women who say that they want to avoid a pregnancy are not using family planning.⁴ Method-related reasons—especially fear of side effects and health concerns—were the most commonly cited reasons for not using (43 percent). Second is opposition to use, either by the husband or partner or owing to perceived religious prohibition (16 percent). The third top reason for not using family planning is having sex infrequently (14 percent); many wrongly believe that if they only have sex occasionally, they are not at risk, and therefore don't need to use family planning. And lastly, women cited postpartum reasons for not using (12 percent), although many women are not sure how long they are safe from getting pregnant after giving birth.
- While lack of contraceptive supplies—and logistic problems in getting the contraceptives to the provider—continue to be a challenge in some counties, only a small proportion of women (6 percent) stated that lack of access (distance or costs) was the reason for not using.

WHAT ARE THE POLICY AND PROGRAM IMPLICATIONS?

Almost twice as many poor married women have unmet need for family planning compared to middle-income and wealthy women.



The evidence indicates several priority action areas requiring attention including the need to:

- Reach out to women and their partners at multiple stages in their reproductive lives to better satisfy changing needs—from adolescents and young women and men to older couples.
- Focus on reducing the top barriers to family planning uptake—improving counseling services to reduce health concerns and fear of side effects, educating women about their bodies and when they are most at risk of getting pregnant, and breaking down cultural and social barriers to contraceptive use.
- Ensure that women and men have access to a full range of contraceptive methods (short-term, long-term, and permanent) to satisfy their reproductive needs at different life stages.
- Take advantage of all opportunities! With so many women experiencing unplanned births, providers need to integrate family planning counseling, services, and follow-up into postpartum programs as well as other services that offer an opportunity to reach women—postabortion care, child survival programs, community health programs, and HIV services among others.

Recognizing reproductive transitions is an important step toward satisfying the family planning needs of the nation. Ultimately, this goal calls for renewed efforts to address women's and men's needs at different stages of their reproductive lives, and to tailor family planning services to better meet life's changing circumstances.

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