NATIONAL INSTITUTE OF STATISTICS

POLICY BRIEF

FAMILY PLANNING : MAGNITUDE OF UNMET NEEDS, REASONS AND REDUCTION STRATEGIES

August 2020

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The objective of this brief is to contribute to a better knowledge of family planning (FP) unmet needs in Cameroon and to suggest strategies that can help reduce them. Analysis of the results of demographic and health surveys shows that the percentage of women currently in union, with FP unmet needs has changed a little over the past three decades. Adolescent girls aged 15-19 years and women aged 35-39 years in union are those with the highest unmet needs. Adolescent girls have spacing needs, while women aged 35-39 years mostly have limitation needs. In contrast, unmet needs are highest among women aged 40-44 years and those aged 45-49 years not in union and sexually active (respectively 39% and 43%). Their needs are basically related to birth limitation. The Ministry of Public Health and its partners must take appropriate measures to make available permanently, contraceptive methods that are adapted to the needs of target subpopulations and to encourage their voluntary use by the latter.

I. INTRODUCTION

Target 3.7 of the Sustainable Development Goals, aims to ensure by 2030, universal access to sexual and reproductive health-care services, including purposes of family planning, information and education, and the integration of reproductive health into national strategies and programmes. The Government of Cameroon, concerned with promoting the health of its population, has been committed since 2016, through the health sector strategy to "reduce by at least 25%, family planning unmet needs by 2027, mainly among adolescents". The Government of Cameroon with the support of development partners including the UNFPA are working to empower women and especially adolescent girls and young women, as well as facilitating their access to FP aimed at

achieving by 2030, two transformative results namely, “zero unmet FP need” and “zero preventable maternal deaths”.

II. METHODOLOGY

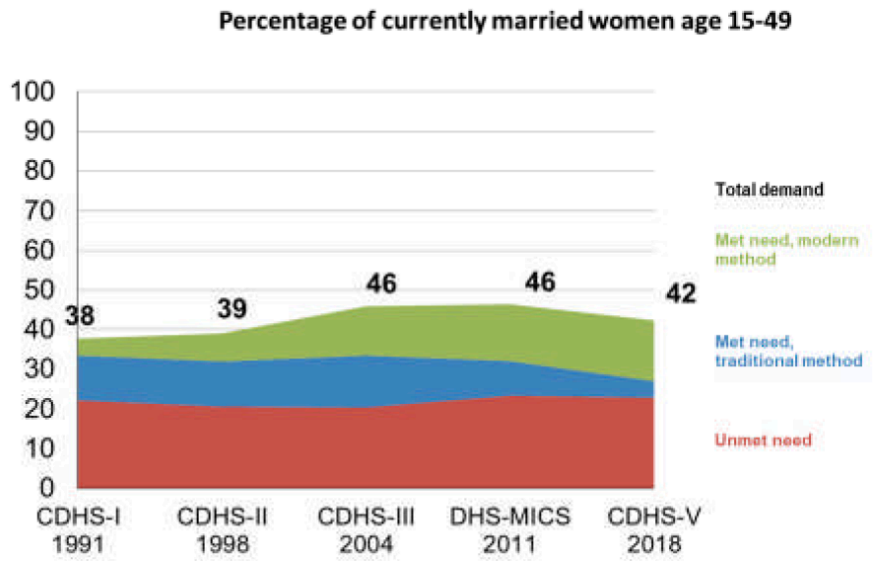
The analysis of unmet FP needs is based on data from Demographic and Health Surveys (DHS) conducted in Cameroon since 1991, and other FP-related strategy documents, in order to identify female contraceptive needs, identify barriers to contraceptive use, and make recommendations to eliminate unmet needs. The analysis focuses both on modern methods considered to be more effective in preventing pregnancy and on women of childbearing age (aged 15-49 years) in union or not and sexually active.

III. RESULTS

1. A trend towards stagnation of unmet FP needs and contraceptive prevalence

The percentage of women currently in union with unmet FP needs has changed a little since 1991 when it stood at 22%, before decreasing to 21% in 1998 and 2004, 24 % in 2011 and 23% in 2018 (Graph 1). However, it can be observed that over the same period, modern contraceptive prevalence increased from 4 % in 1991, to 13 % in 2004 and to 15 % in 2018. However, the level of modern contraceptive use has virtually not increased since 2011 (14%) (Graph 2).

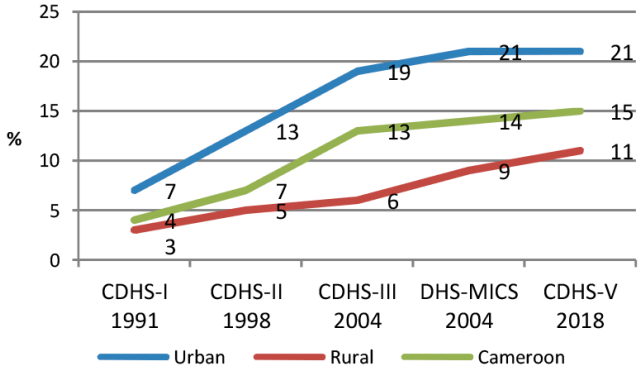
***Graph 1**: Trends in FP demand*



Sources: CDHS III 2004; CDHS-MICS 2011 and CDHS V 2018

***Graph 2**: Trends in modern contraceptive prevalence*

Percentage of women currently in union and using a modern contraceptive method



Sources: CDHS III 2004, CDHS-MICS 2011 and CDHS V 2018

2. Contraceptive use

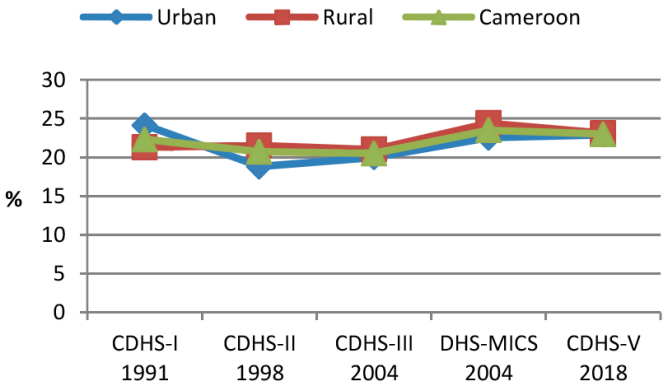
Most women in union use a modern method (15% as against 4% for traditional methods). The methods most frequently used by these women are male condoms (5.2%), injectables (3.7%) and implants (2.6%).

Long-acting reversible contraceptives (LARCs), especially Intra Uterine Devices (IUDs), are not yet sufficiently popularized among users. Permanent methods (PMs) including tubal ligation are even less so.

3. Unmet needs and area of residence

As shown in Graph 3, between 1991 and 2018, FP needs of women in union changed a little (around 22%). This observation is valid regardless of the area of residence.

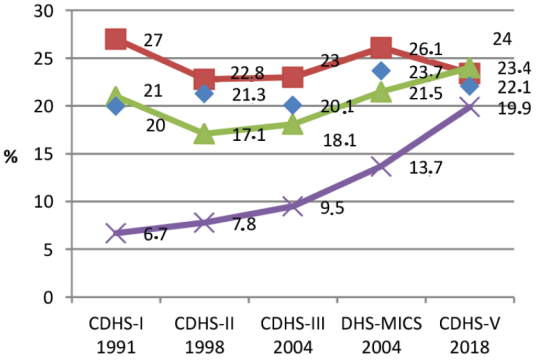
***Graph 3**: Trends in unmet needs of women in union by area of residence*



4. Unmet needs and level of education

Unmet FP needs of women in higher education are lower than those of other women. For women in secondary education or above, there has been an increase in these needs in recent years *(Graph 4)*.

***Graph 4**: Trends in unmet needs of women in union by level of education*

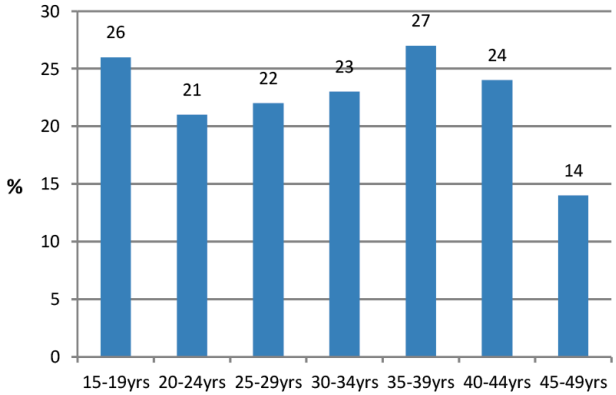


5. Unmet needs by age

Adolescent girls aged 15-19 years and women aged 35-39 years in union are those with the highest unmet needs (Graph 5). Adolescent girls have spacing needs, while women aged 35-39 years instead have limitation needs.

Among women not in union and sexually active, the age group most concerned is that of 40-49 years, with unmet needs of about 50%, mostly related to limitation.

***Graph 5**: Unmet needs of women in union by age group*



6. Special attention for the Far North, North and Adamawa regions

At the regional level, women in union in the northern regions are most exposed to the risk of having unwanted pregnancies, as they have the lowest contraceptive prevalence (less than 7%). This is probably due to the fact that these women face cultural barriers or greater access difficulties in obtaining contraceptives.

The East (28%), Yaounde (27%), Centre excluding Yaounde (22%) and North-West (22%) regions have the highest contraceptive prevalence, unlike the northern regions.

Unmet needs and contraceptive prevalence of women in union also vary by region. The East (13.4%) and North (19.7%) are the regions with the lowest unmet contraceptive needs of women. In contrast, the Centre (excluding Yaounde), Adamawa, Littoral (excluding Douala) and South regions have unmet contraceptive needs varying from 28% to 34%..

IV. CONCLUSION AND RECOMMENDATIONS

Eliminating unmet need requires promoting FP. Globally, in 2018, up to 18% of all women have unmet need for FP. This is very often determined by the desire for pregnancy, under fertility, religious prohibition or opposition to contraceptive practice from the side of the husband or others towards the woman.

At the end of this study, the following observations accompanied by the recommendations hereafter are made to the Government, particularly the Ministry of Public Health (MINSANTE), the Ministry of Women's Empowerment and the Family (MINPROFF), and development partners

Observation n° 1: Adolescent girls mainly need to space out their births, while adult women **over** 35 **years** want to limit their descendant.

Recommendation n°1: In order to meet birth spacing needs for adolescent girls and young women, the Ministry of Public Health and its partners should increase the availability of more or less long lasting

reversible methods such as injectables and pills, and encourage their use.

Recommendation n°2: In order to meet birth limitation needs for adults women over 35 years, the Ministry of Public Health and its partners should render more available, permanent methods (tubal ligation) or long-lasting reversible methods (Intra Uterine Devices and implants) and encourage their use.

Observation no 2: Women in the Adamawa, North and Far North regions have the lowest contraceptive prevalence, probably due to socio-cultural constraints and limited access to contraceptive products.

Recommendation n°3: In these northern regions more than elsewhere, there is a need to involve opinion leaders, community heads, religious leaders and spouses in sensitizing for the change in behaviour regarding FP, so as to ensure better results in terms of modern contraceptive use

Recommendation n°4: The MINSANTE and its partners must ensure the availability and accessibility of free or low-cost contraceptive products and good quality reproductive health services, notably to populations in the remote areas and to those most often left behind, especially the poor ones in the rural areas. These services, whether delivered in health centres or by community health workers, can be designed around integrated models that offer FP commodities and messages that encourage the transformation of social norms, particularly those that inhibit contraceptive use and limit women's empowerment. These services can also provide a gateway to first level support and guidance in case of gender-based violence (e.g., spousal opposition).

Recommendation n°5: The MINPROFF and its partners must ensure that everyone knows her reproductive rights as well as how to exercise them, and must sensitize the population on this matter, especially in regions where there are still strong socio- cultural constraints on women's involvement in household decision-making, and particularly on

their own health. In addition, they must set up a programme that calls in to question, social norms which prevent families from making informed decisions on the number and the spacing out of births.

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