

Causes and Consequences of Unintended Pregnancy in Developing Countries

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What is an “Unintended Pregnancy”?

A pregnancy that is either....

mistimed (occurs earlier than desired)

Or

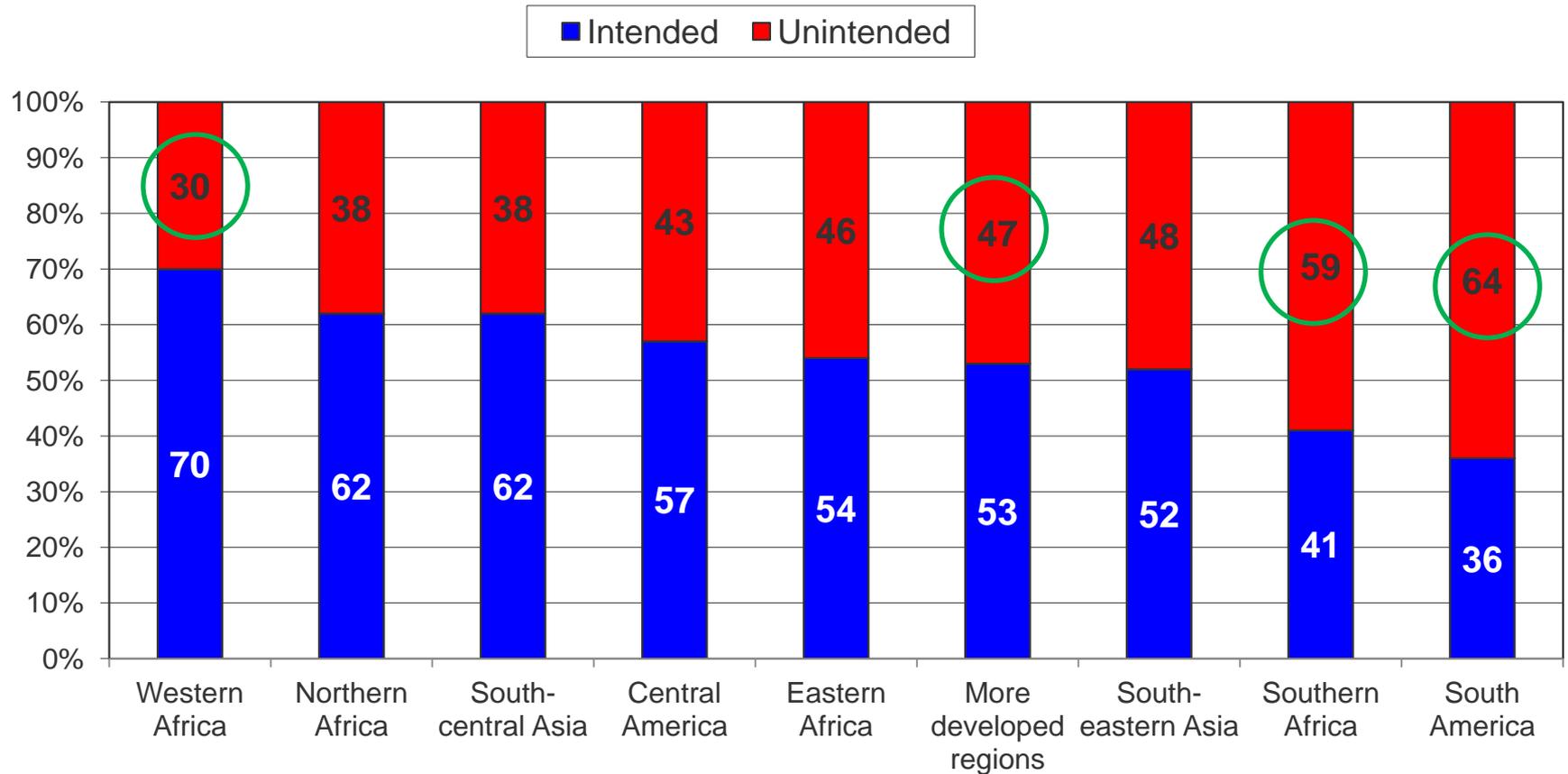
unwanted (is not wanted at all)

at the time of conception

Unintended pregnancies are very common....

- In 2008, **86 million** (41%) of 208 million pregnancies globally were unintended
- The proportions of live births reported as mistimed or unwanted varies by country, but overall are approximately equal

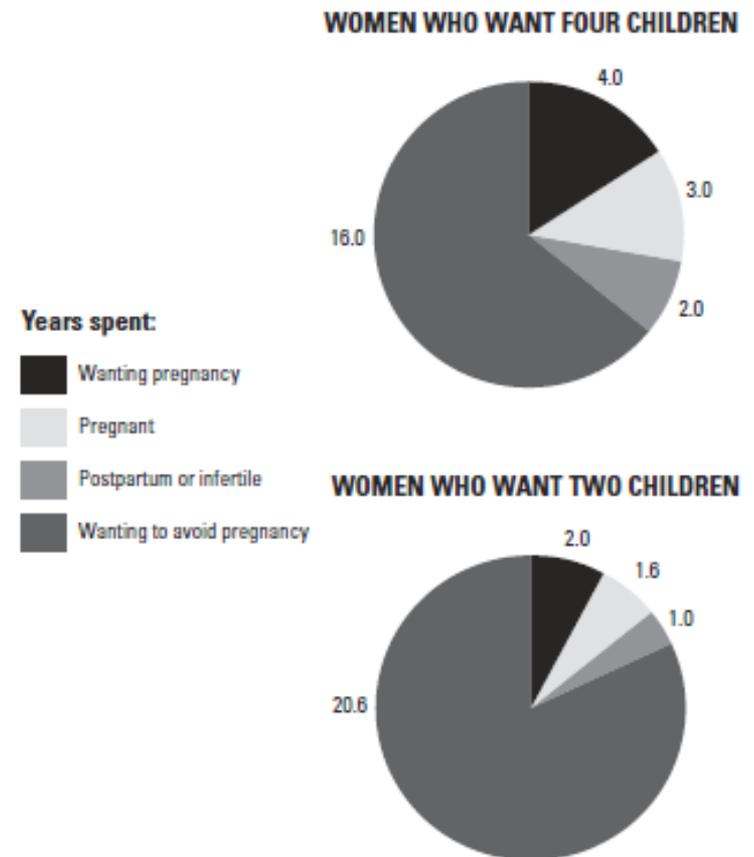
Tremendous variations by region



Source: Singh et al, 2010

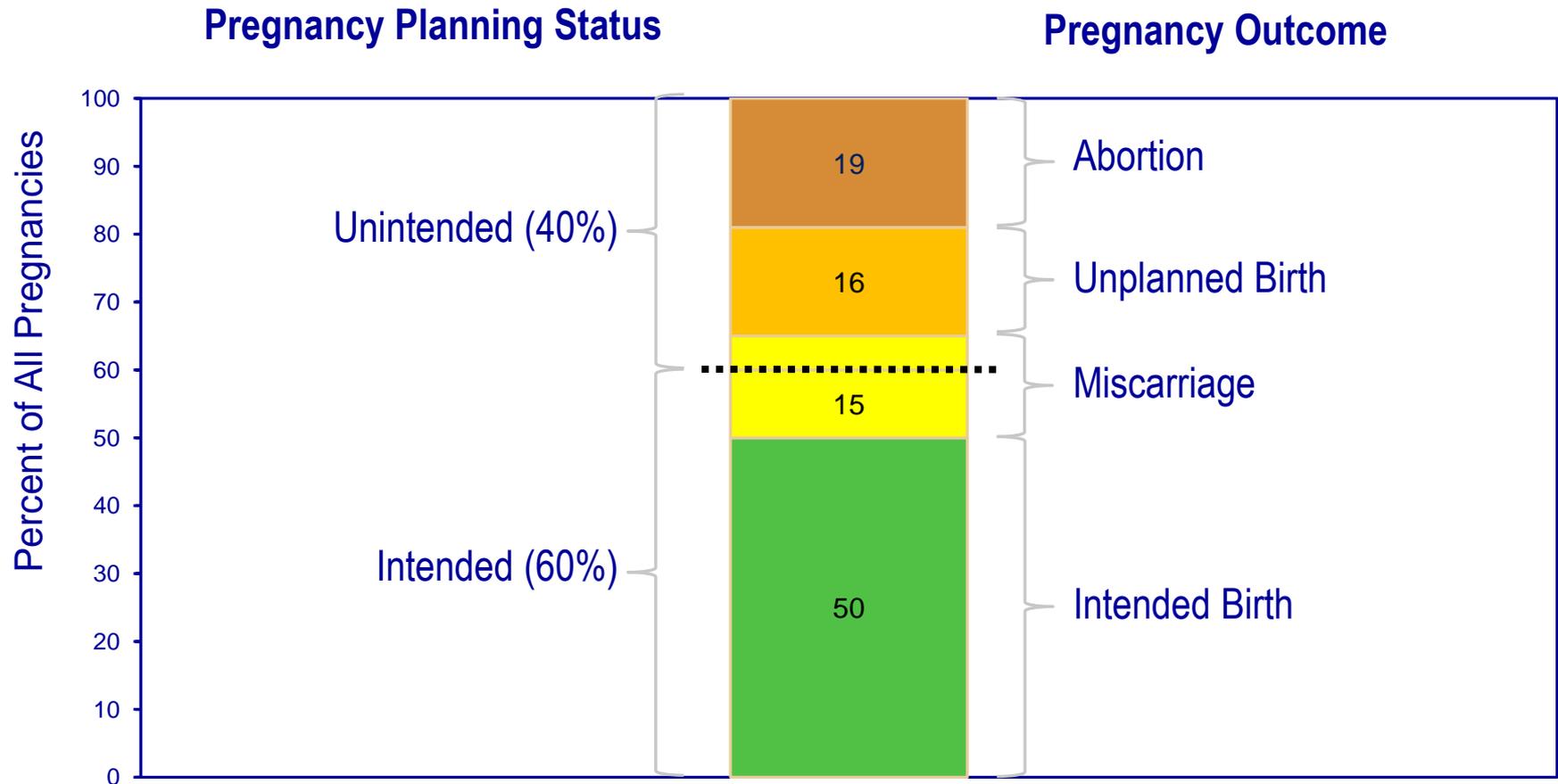
Unintended pregnancies are usually higher when:

- Desired family size is relatively small
- Women spend increasing proportions of time trying to avoid unintended pregnancies because of:
 - ✓ Changing family size norms
 - ✓ Younger age at first sex
 - ✓ Later age at marriage
- There are many barriers to preventing pregnancies with effective contraceptives



Source: Alan Guttmacher Institute, 1995

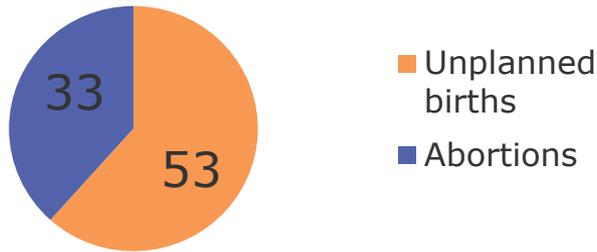
Pregnancy intention and outcomes in countries of less developed regions



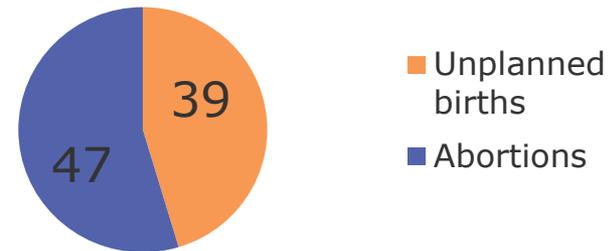
Source: Bongaarts and Sinding, 2011; data from Singh et al, 2010

Immediate Outcomes of Unintended Pregnancies vary widely by region

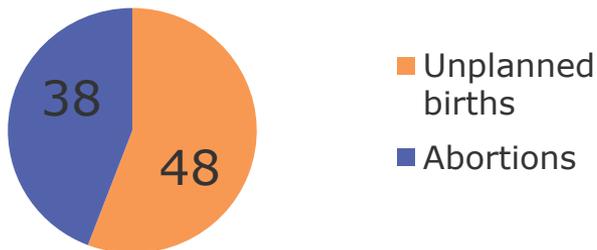
West Africa



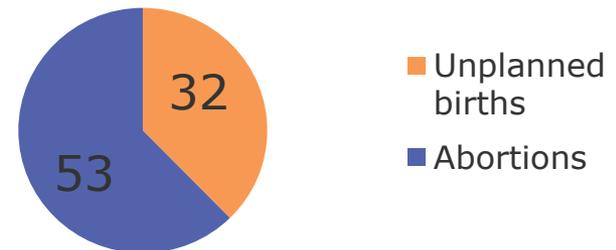
South-central Asia



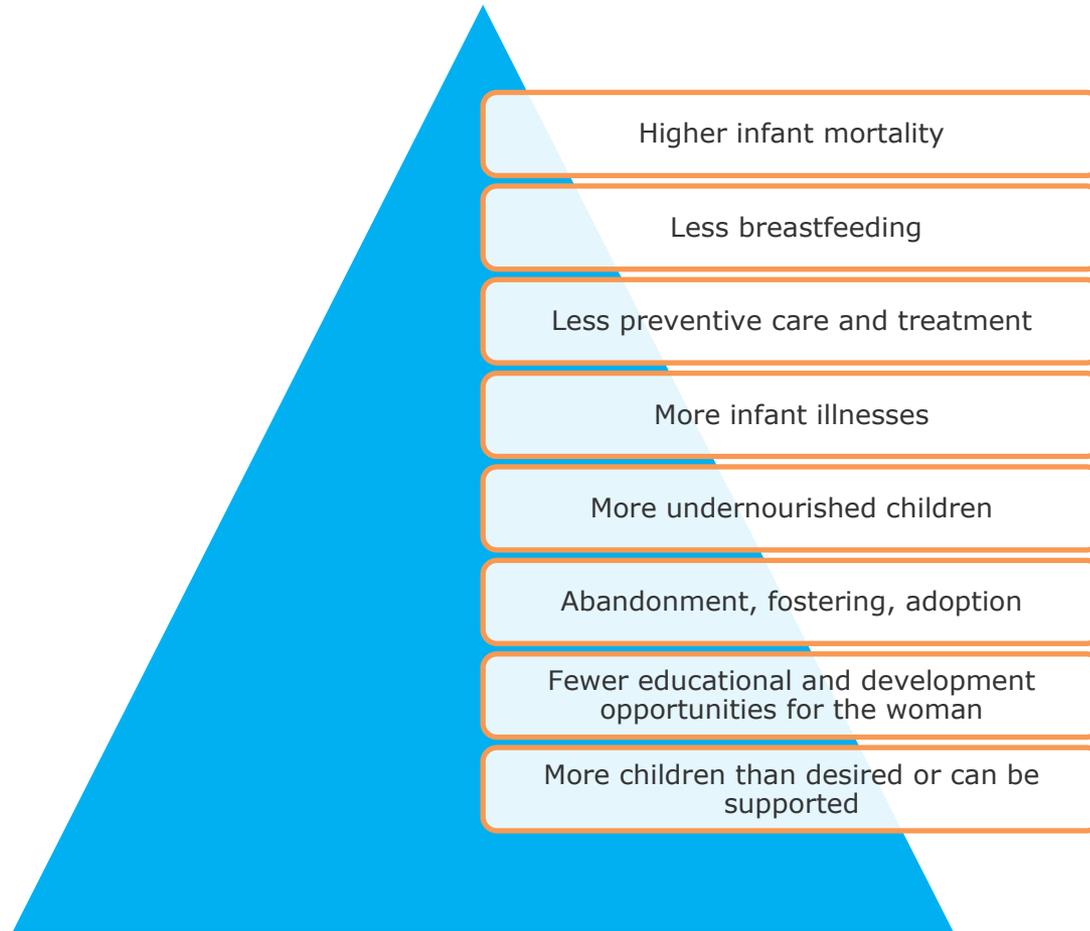
South America



More Developed



Outcomes of unintended pregnancies: Unplanned births (40%)



Source: Gipson et al, 2008; Malacher et al, 2010

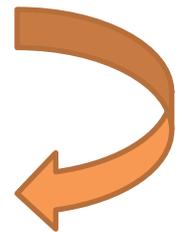
Outcomes of unintended pregnancies: Induced abortion (48%)

In most developing countries, women have restricted access to safe abortion services

Why?

- ✓ Legal restrictions
 - Reflects social, cultural, religious norms
- ✓ Lack of understanding of legal restrictions
- ✓ Unskilled practitioners and/or unsafe setting

Unsafe abortion procedures



Unsafe abortion (WHO definition):

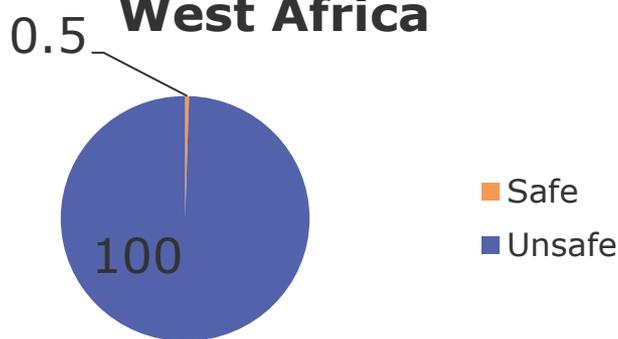
A procedure for termination of an unintended pregnancy done either by people lacking the necessary skills or in an environment that does not conform to minimum medical standards, or both

Illegal abortions are usually unsafe because:

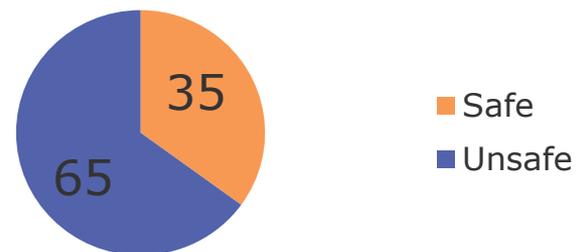
- Performed outside authorized facilities, sometimes in unsanitary conditions;
- Woman may not receive appropriate postabortion care;
- Medical back-up unlikely to be immediately available should an emergency arise;
- Woman might delay seeking an abortion or seeking care for complications because the abortion is clandestine.

Proportion of abortions that are unsafe varies widely by region

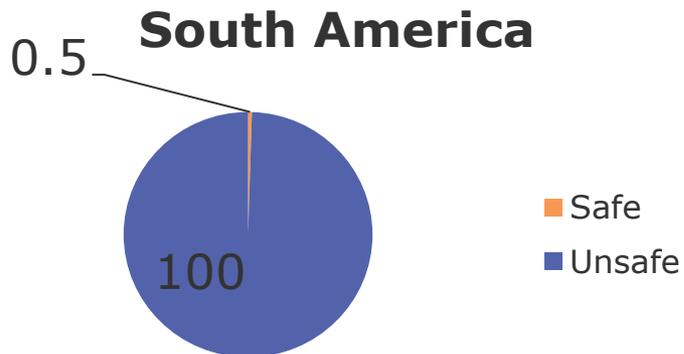
West Africa



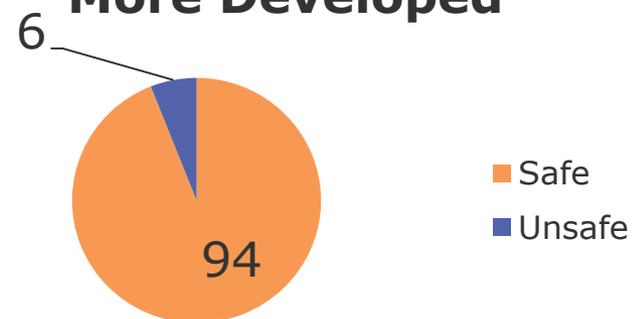
South-central Asia



South America



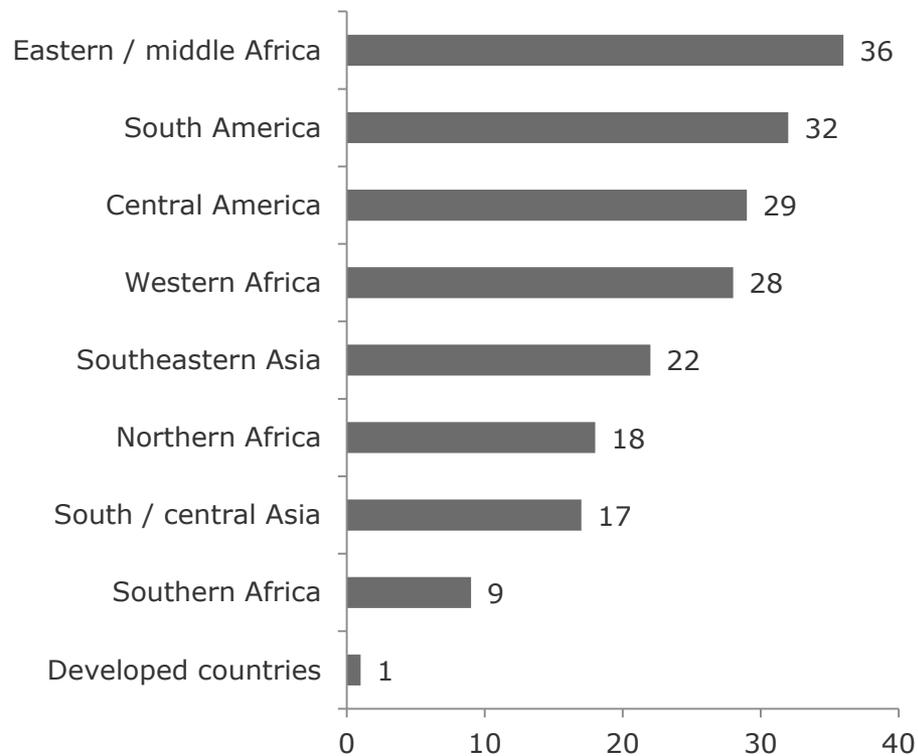
More Developed



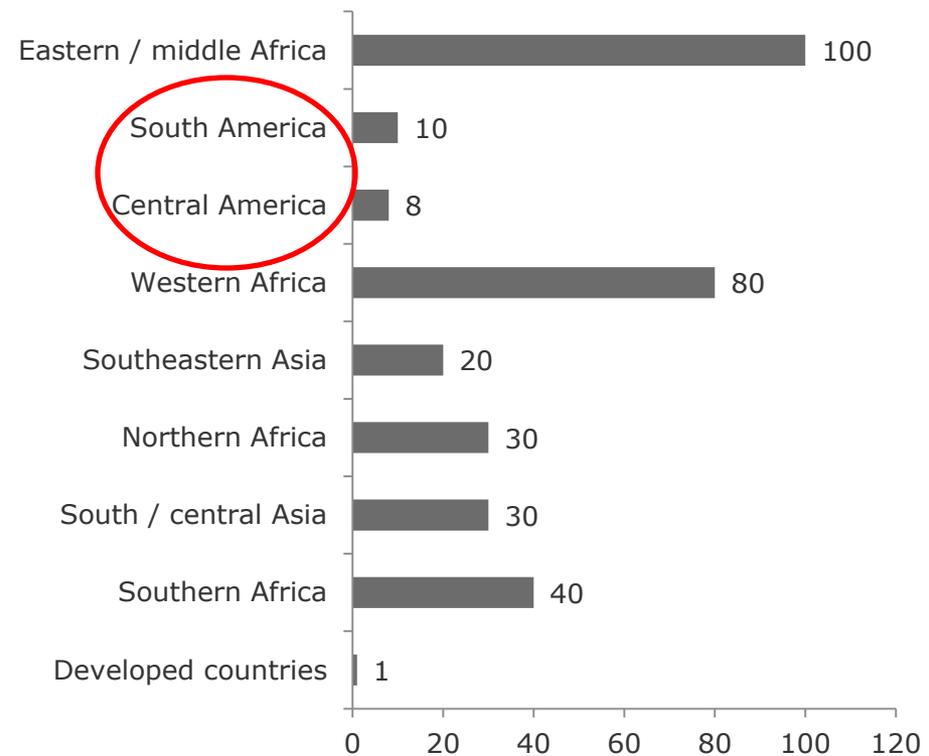
Source: Sedgh et al, 2012

....which result in 21.6 million unsafe abortions and 47,000 deaths annually

Rate of unsafe abortions per 1000 women aged 15 – 44 years



Ratio of maternal deaths attributable to unsafe abortion, per 100,000 live births



Source: Ahman & Shah, 2011

Why do unintended pregnancies happen?

1. Non-use of *modern** contraception when a woman is sexually active and pregnancy not desired (**82%**)
2. Method failure or inconsistent / incorrect use
3. Discontinuing or switching for reasons other than wanting a pregnancy

Non-use of contraception when sexually active and pregnancy not desired

- In developing countries, **56%** of sexually active women want to avoid a pregnancy (“in need”)
- Of these, **26%** have an unmet need for modern contraception (**61%** in Africa)
 - **9%** using traditional method (**14%**)
 - **17%** using no method (**46%**)
- Among women with unmet need:
 - **4-11%** want to delay first birth
 - **32-56%** want to space next birth
 - **33-61%** want no more children

Method-use failure

- a) Method failure
 - b) Inconsistent, incorrect use
- Wide variation in proportion of unintended pregnancies due to failure (**5-58%**)
 - Failure more common among users of traditional and short-acting methods (condoms, pills, injectables)
 - Data from six countries show that **53%** of abortions resulted from failure

Discontinuation or switching

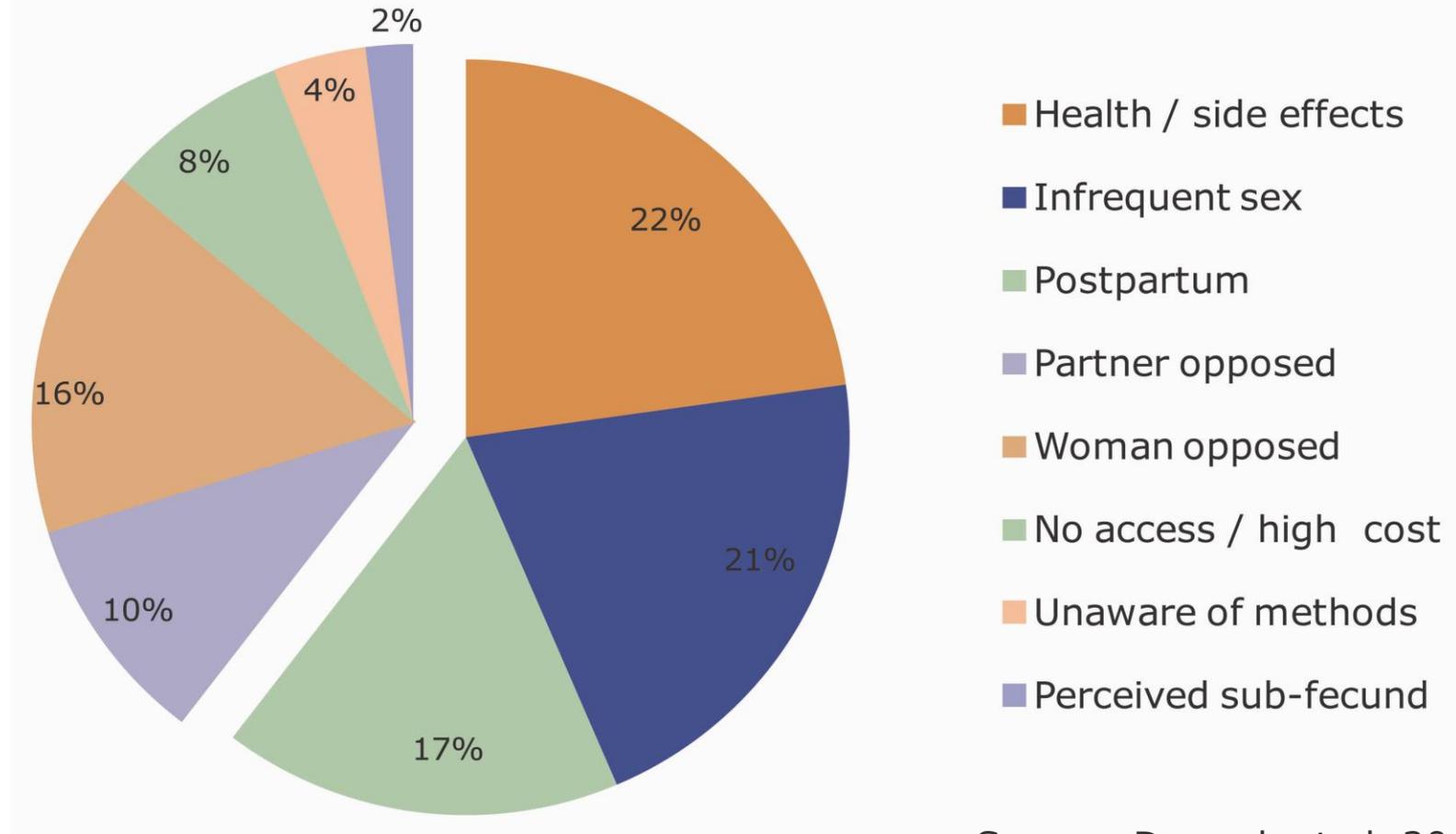
- Method-specific rates: **20-63%**
- Discontinuation often followed by switching
 - **29-58%** of women switch to another modern method within 3 months
 - Especially for traditional methods – less likely to become pregnant after discontinuation than modern method users
- All-method rates: **16-53%**
 - **7-20%** discontinue because of reduced need
 - **9-34%** discontinue because of service quality

Failure and discontinuation are major determinants of unintended pregnancy and 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

Reasons for non-use

Women with unmet need for contraceptives, 2008



Source: Darroch et al, 2011

Addressing method-related reasons for non-use: Implications for contraceptive development

- More effective non-hormonal methods, or methods with fewer side effects than current methods
 - May benefit **34m** women not using for side-effects
 - and **25m** postpartum/breastfeeding women
- Peri-coital methods or long-acting with ease of use
 - May benefit **31m** women with infrequent sex
- Methods that can be used covertly
 - May benefit **14m** women whose partner opposes use

104 million women living in Sub-Saharan Africa, South Central Asia, Southeast Asia with method-related reasons for non-use; Darroch et al 2011

Other options with trade-offs

- Methods with real or perceived side-effects would have limited impact – unless they could be used covertly (**14m** women)
- Methods with side-effects but could be used periodically and covertly could be used by **45m** women
- Variations across sub-populations, e.g.
 - Traditional method users
 - Young, unmarried women
 - Poor
 - Rural

104 million women living in Sub-Saharan Africa, South Central Asia, Southeast Asia with method-related reasons for non-use; Darroch et al 2011

Evidence about reasons for non-use, use, failure and discontinuation still limited

- Full range and complexity of women's concerns about individual methods
- How specific method characteristics can hamper choice and use
- Reasons for choosing traditional methods rather than modern methods
- Clarify "other reasons" for non-use
- Reasons for long-term vs. short-term non-use
- Sub-group differences in unmet need and in outcomes of non-use

"Acceptability Research"

Source: Darroch et al, 2011

Strategies for reducing unmet need, discontinuation and failure of effective methods:

- ✓ Increasing availability and awareness of, and access to, a range of effective contraceptive methods for all women in need
- ✓ Improving client counseling, especially about side-effects and mechanisms of action
- ✓ Enhancing communication between partners and other influentials to enable and sustain use of contraception
- ✓ **Reducing method failure and improving potential for consistently correct use of existing methods**
- ✓ **Reducing the actual or perceived health issues or side effects that deter use, and/or lead to discontinuation or switching**

Six concluding messages

1. Unintended pregnancies can lead to ***unwanted births***, which may have adverse outcomes for mother and child(ren)
2. Unintended pregnancies can lead to ***unsafe abortion***, which may have adverse outcomes for the mother
3. The majority of unintended pregnancies can be prevented through reducing ***unmet need*** for effective, appropriate contraceptive methods
4. Over two-thirds of unmet need is attributed to ***method-related issues*** → less than one-third to access-related issues
5. However, a substantial proportion of unintended pregnancies result from ***failure, discontinuation*** and ***switching***
6. The ***right to choose*** the number and spacing of births through having only intended pregnancies is most neglected among poor, young, rural women