

# 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

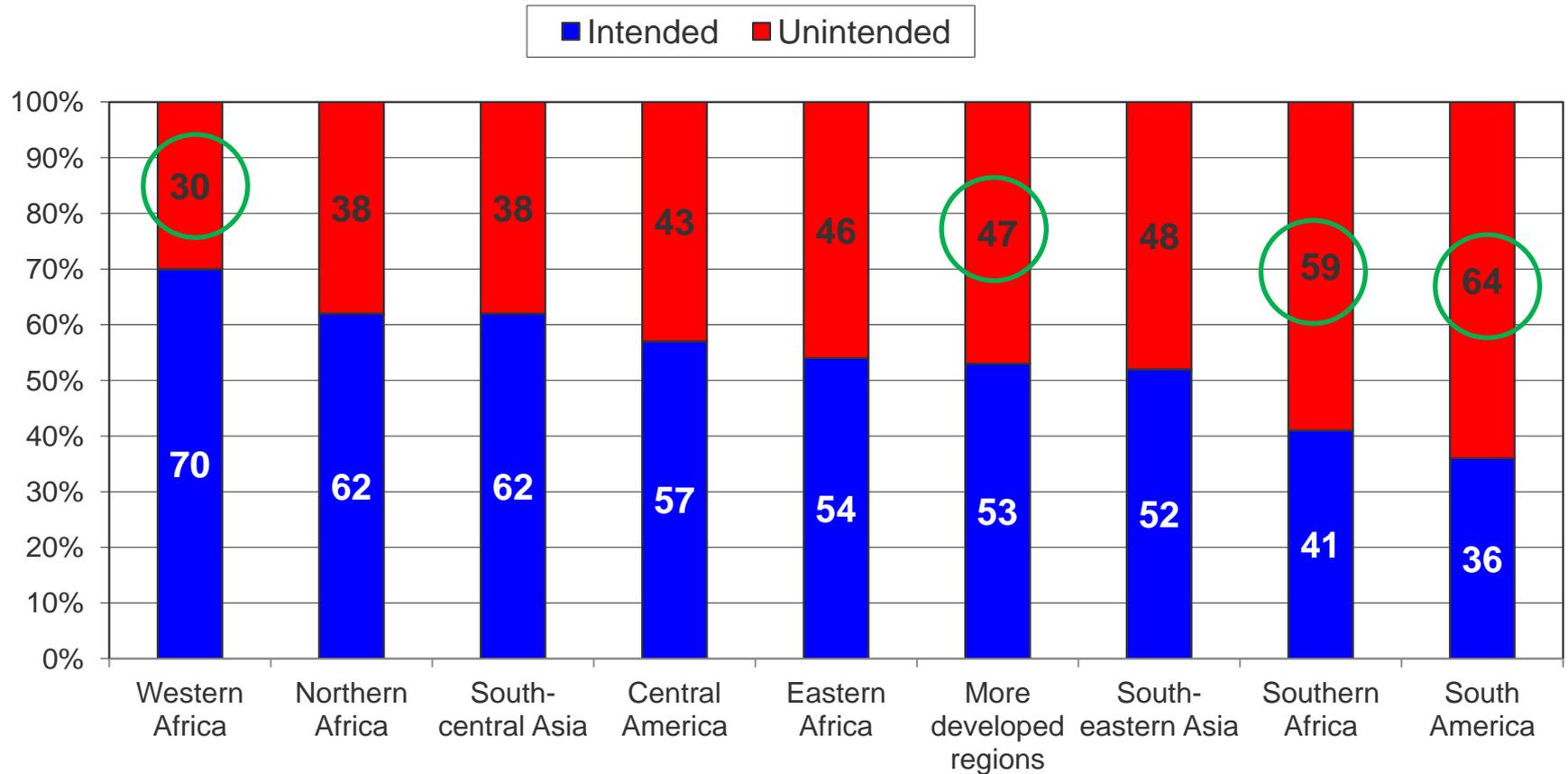
**unwanted** (is not wanted at all)

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

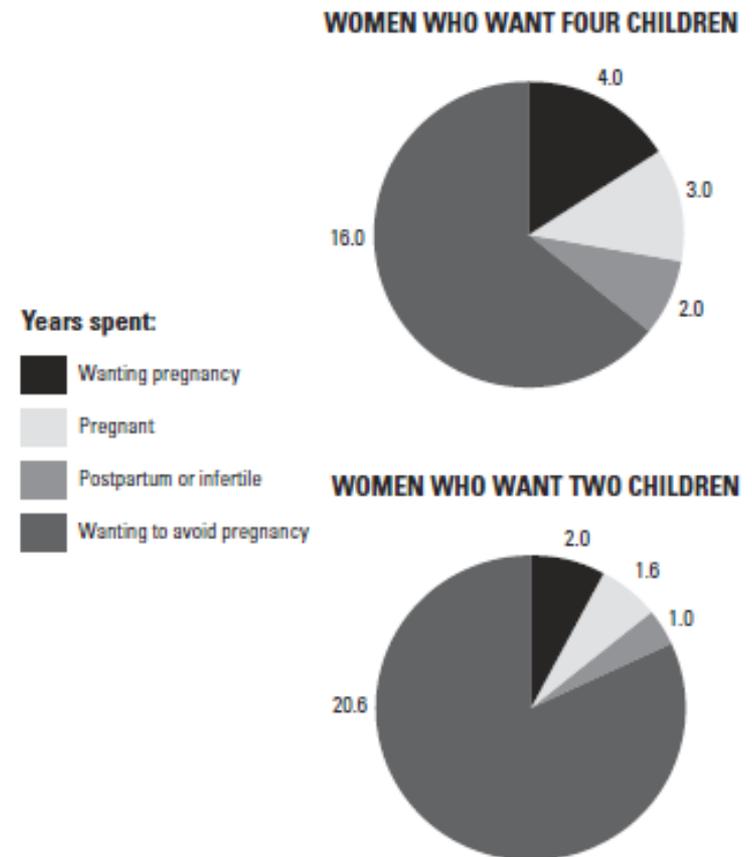
# Tremendous variations by region



Source: Singh et al, 2010

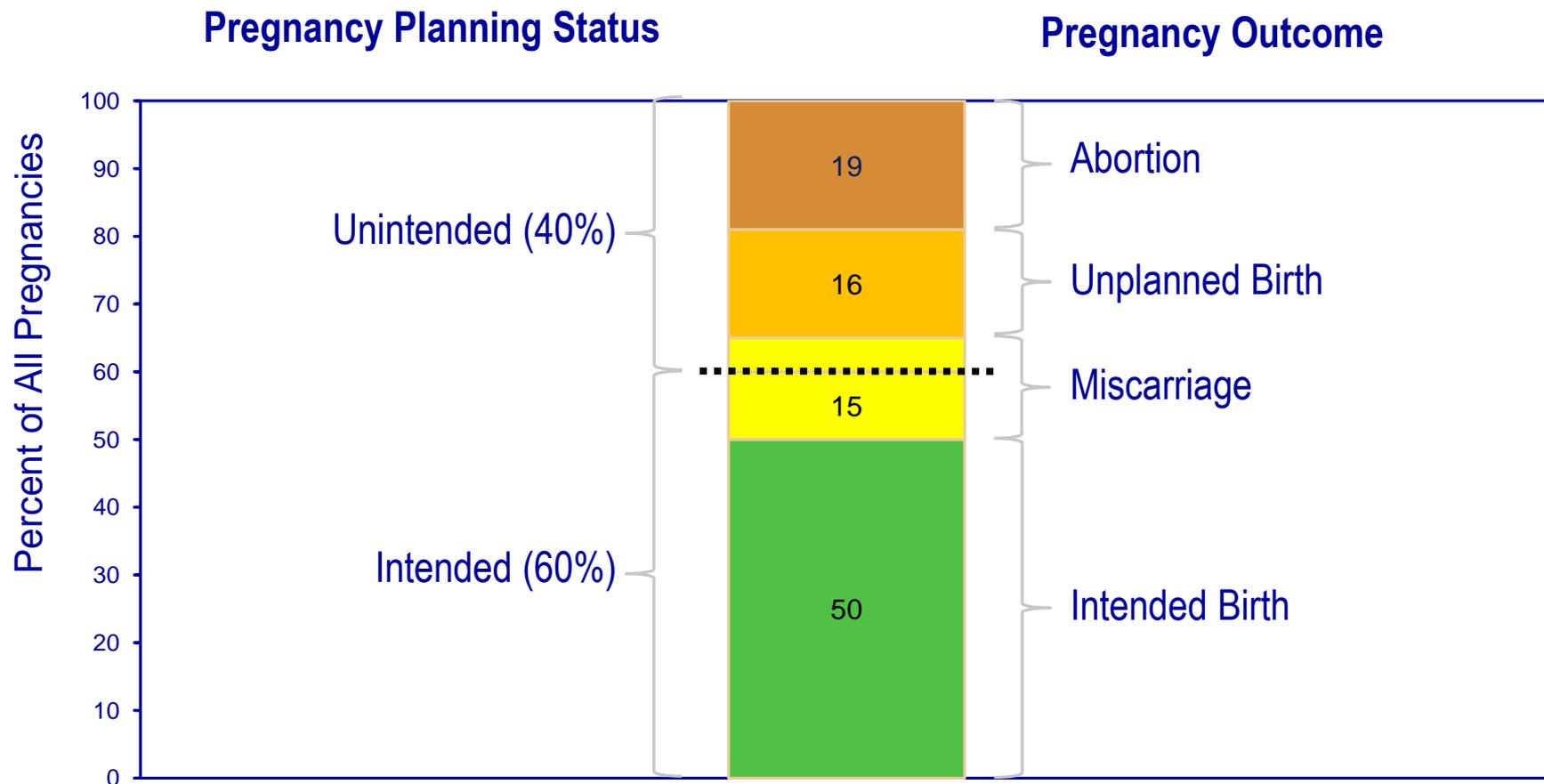
# Unintended pregnancies are usually higher when:

- 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

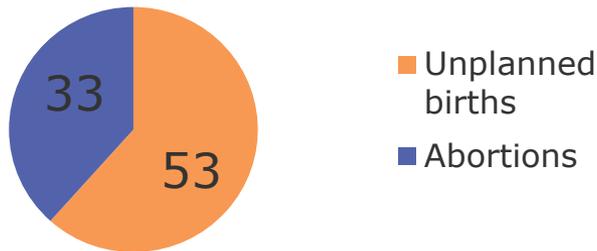
# Pregnancy intention and outcomes in countries of less developed regions



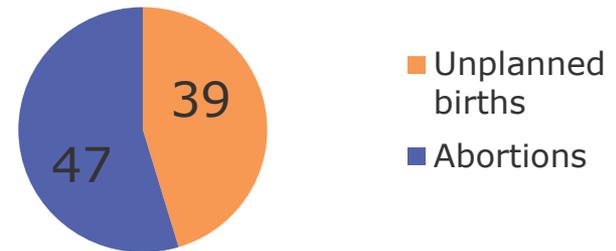
Source: Bongaarts and Sinding, 2011; data from Singh et al, 2010

# Immediate Outcomes of Unintended Pregnancies vary widely by region

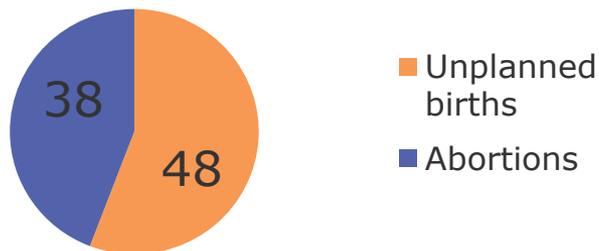
## West Africa



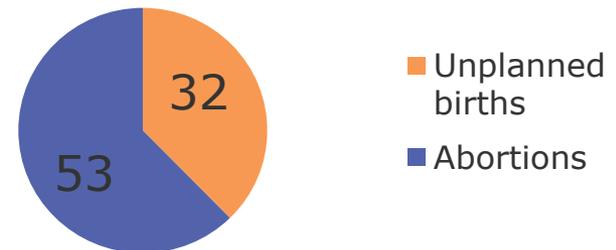
## South-central Asia



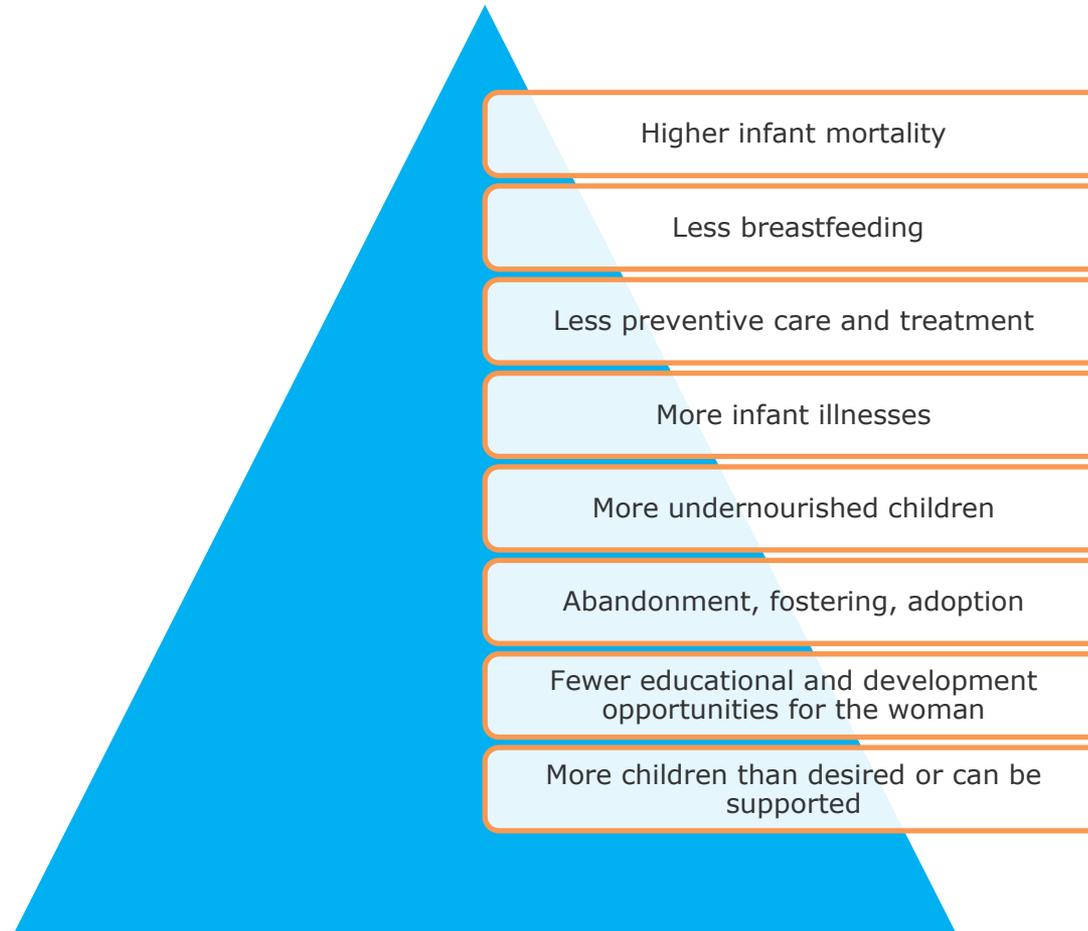
## South America



## More Developed



# Outcomes of unintended pregnancies: Unplanned births (40%)



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

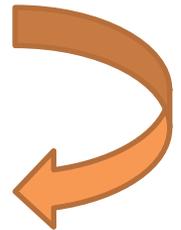
# Outcomes of unintended pregnancies: Induced abortion (48%)

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):

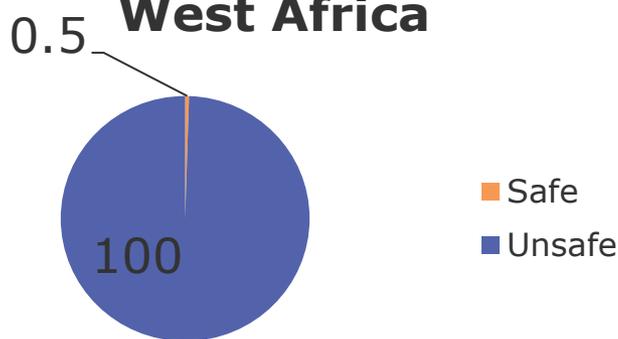
*A procedure for termination of an unintended pregnancy done either by people lacking the necessary skills or in an environment that does not conform to minimum medical standards, or both*

Illegal abortions are usually unsafe because:

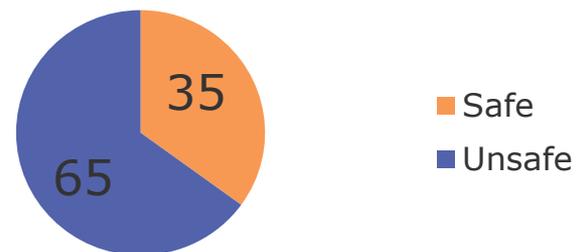
- Performed outside authorized facilities, sometimes in unsanitary conditions;
- Woman may not receive appropriate postabortion care;
- Medical back-up unlikely to be immediately available should an emergency arise;
- Woman might delay seeking an abortion or seeking care for complications because the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

# Proportion of abortions that are unsafe varies widely by region

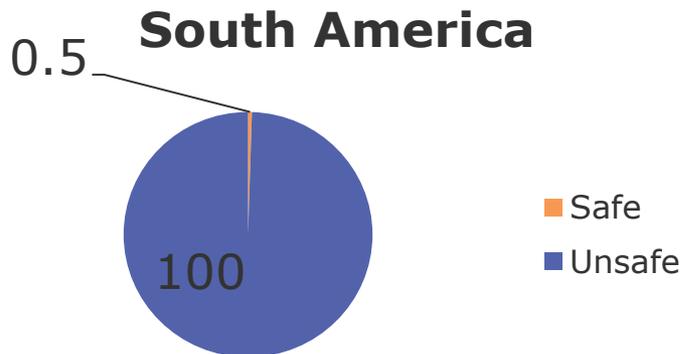
## West Africa



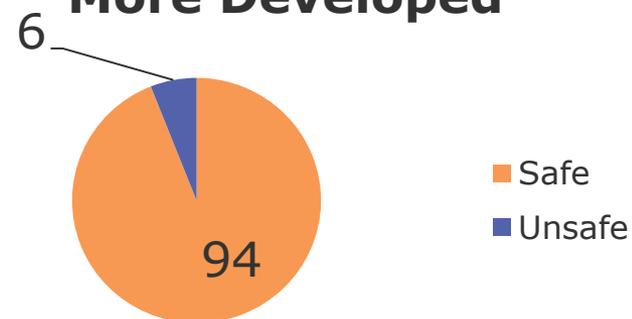
## South-central Asia



## South America



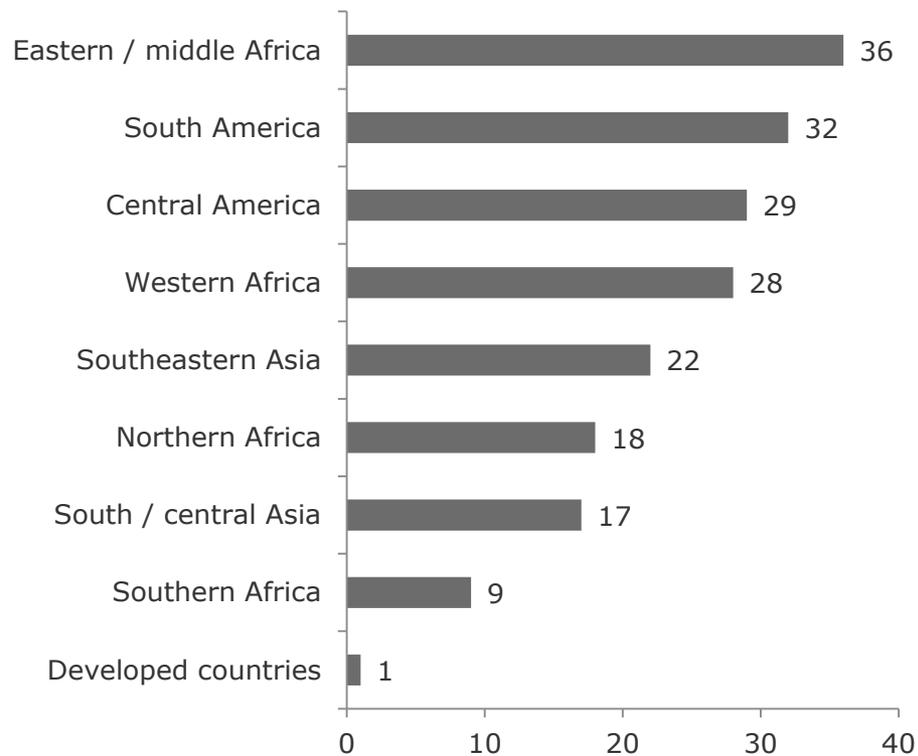
## More Developed



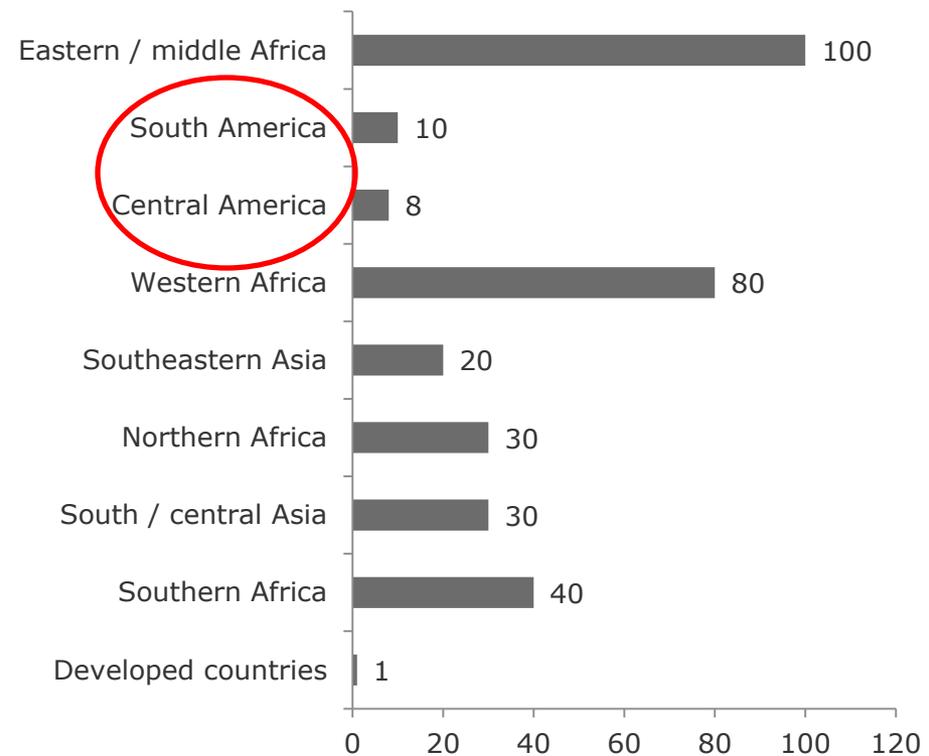
Source: Sedgh et al, 2012

# ....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

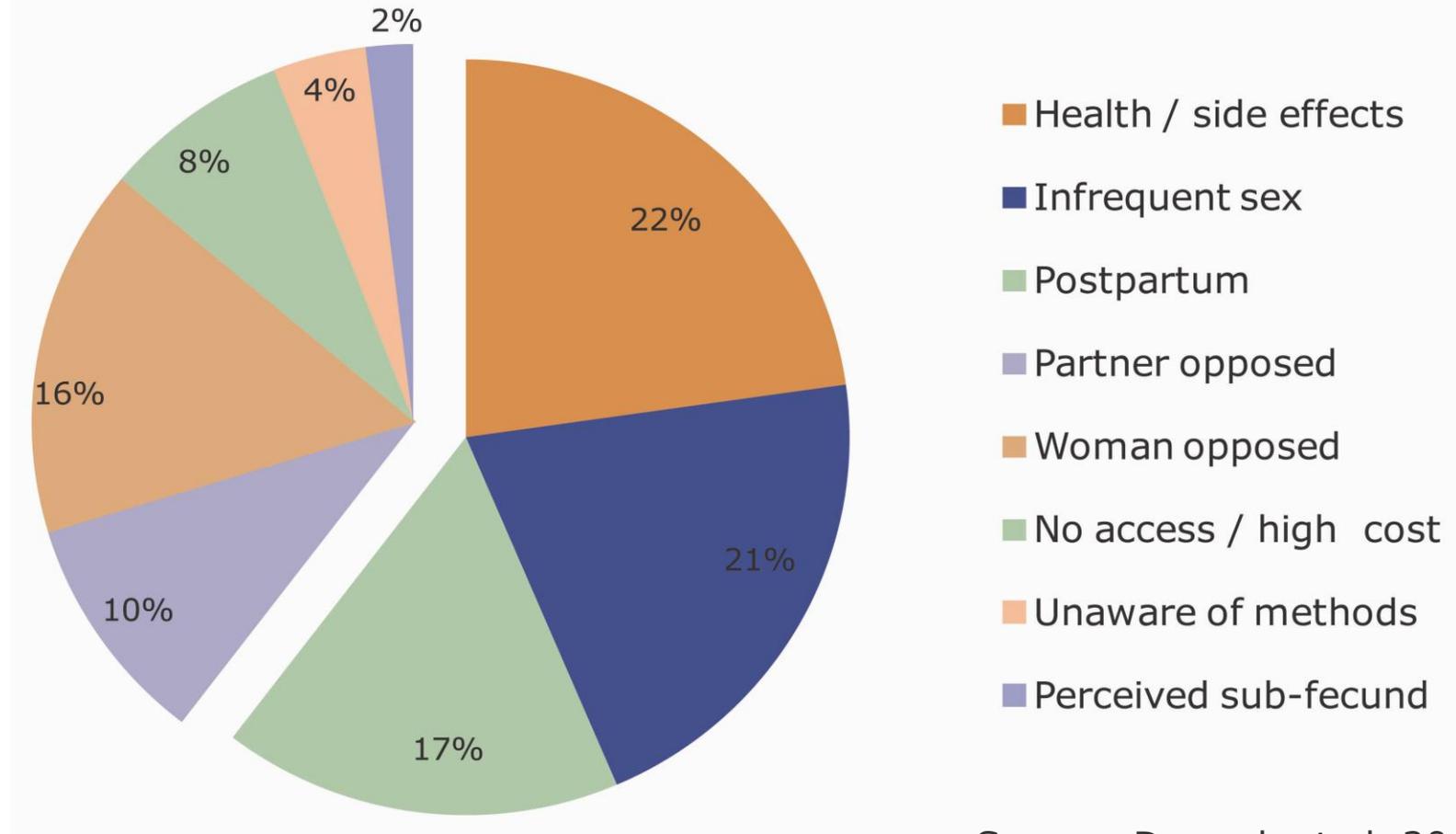
- Method-specific rates: **20-63%**
- Discontinuation often followed by switching
  - **29-58%** of women switch to another modern method within 3 months
  - Especially for traditional methods – less likely to become pregnant after discontinuation than modern method users
- All-method rates: **16-53%**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