

# Benin

## 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.<sup>1</sup>

### 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.<sup>2</sup> 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 BENIN?\*

- According to the latest national survey, one-third of married women of reproductive age reported having an unmet need for family planning at the time of the survey, which translates into more than 400,000 women.<sup>3</sup>
- Women who want to avoid pregnancy, but are not using an effective method of contraception, account for a large majority of unplanned pregnancies. In Benin, about 1 in every 5 pregnancies is unplanned.
- There is not much difference in the proportion of women experiencing an unmet need for family planning across the different age groups—from adolescents (15-19) and young adults (20-29), to older adults aged 30-44, about one-third of women in all ages reported having an unmet need.

- However, the level of unmet need varies considerably by department. Mono and Ouémé have the highest levels of women reporting unmet need, at 44 percent and 41 percent respectively, while Donga has the lowest unmet need at 22 percent.
- Women with little or no education are the most disadvantaged, with one-third of women with no education or incomplete primary education experiencing unmet need, compared to about one-quarter of women who have completed secondary or more education.

### General Reproductive Health Data

- Maternal mortality – 340 deaths/100,000 live births\*
- Infant mortality – 42 deaths/1,000 live births
- Under-5 mortality – 70 deaths/1,000 live births
- Total fertility rate – 4.9 children per woman
- Mean ideal number of children:
  - Women – 4.6 children
  - Men – 5.7 children
- Median birth interval – 36 months
- Median age at first childbearing – 20.7 years
- Unplanned pregnancies – 19%
- Contraceptive prevalence rate (all methods) – 13%
  - Traditional methods – 5%
  - Modern methods – 8%
    - Pill – 1.3%
    - Injectables – 2%
    - Male condom – 2%
    - IUD – 0.5%
    - Implants – 1%
    - MAMA\*\* – 0.5%
    - Female sterilization – 0.1%

Unmet need for family planning among currently married women:

- Total unmet need – 33%
  - Unmet need for spacing – 21%
  - Unmet need for limiting – 12%

\* WHO, UNICEF, UNFPA, World Bank, and the United Nations Population Division, *Trends in Maternal Mortality: 1990 to 2013*, WHO, 2014

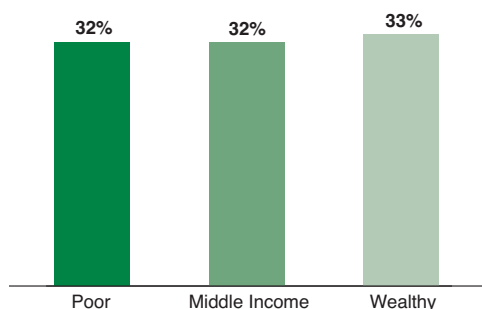
\*\*Méthode de l'allaitement maternel et de l'aménorrhée  
Benin Demographic and Health Survey, 2011-2012

\* Unless otherwise noted, all data used in this fact sheet are from the *Benin Demographic and Health Survey, 2011-2012* (Calverton, MD: National Institute of Statistics and Economic Analysis (INSAE) and ICF International, 2013).

## WHY ARE WOMEN IN BENIN 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.<sup>4</sup> Method-related reasons—especially fear of side effects and health concerns—were the most commonly cited reasons for not using (28 percent). Second is having sex infrequently (25 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. The third top reason for not using family planning is lack of knowledge (20 percent). And lastly, women cited opposition to use as a reason for not using (13 percent), either by the husband or partner or owing to perceived religious prohibition.
- While lack of contraceptive supplies—and logistic problems in getting the contraceptives to the provider—continue to be a challenge in some departments, only a small proportion of women (6 percent) stated that lack of access (distance or costs) was the reason for not using.

**An estimated one-third of women have unmet need for family planning across all economic groups — from the poorest to wealthiest.**



## WHAT ARE THE POLICY AND PROGRAM IMPLICATIONS?

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 middle-aged and 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 pregnancies, 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.

### ACKNOWLEDGMENTS

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## REFERENCES

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3. United Nations, Department of Economic and Social Affairs, Population Division, *Model-based Estimates and Projections of Family Planning Indicators: 2013 Revision* (New York: United Nations, 2013).
4. Toshiko Kaneda, Population Reference Bureau, special analysis of the Benin Demographic and Health Survey (2011-2012) data to document reasons for not using family planning among women with unmet need, Washington, DC, 2013.

