

MEETING DIFFERENT NEEDS FOR CONTRACEPTION: A TREND ANALYSIS OF THE UNMET NEED AMONG DIFFERENT NEEDS AND DEMANDS GROUPS IN TÜRKİYE

DOĞUM KONTROLÜ İÇİN FARKLI İHTİYAÇLARIN KARŞILANMASI: TÜRKİYE'DEKİ FARKLI İHTİYAÇ VE TALEP GRUPLARI ARASINDA KARŞILANMAYAN İHTİYAÇLARIN TREND ANALİZİ

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ABSTRACT

Very few countries were able to achieve the set targets of Family Planning 2020 on the challenging obstacles to access to modern contraceptive methods, The fact that the unmet need doubled in the 5-year period between 2013 and 2018 in Türkiye once again reveals the importance of the issue. In this study, the unmet need for contraceptive use among different needs and demand groups in Türkiye was examined. This study, based on the 2018 Demographic and Health Survey (2018 TDHS), has shown that the size of unmet need has increased among women living in households with different parities, different education levels, different wealth groups and in all age groups. Regardless of educational attainment and wealth status, limiting needs have become more common among women. Not only the non-user but also contraceptive users might also have unsatisfied family planning needs. The desire to switch to another method can be regarded as contraceptive demand that has to be fulfilled.

KEYWORDS: Unmet need of family planning, contraceptive demand, Türkiye

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ÖZET

Çok az ülke gebeliği önleyici modern yöntemlere erişimin önündeki zorlu engeller konusunda Aile Planlaması 2020 tarafından belirlenen hedeflere ulaşabilmiştir. Karşılanmamış aile planlaması ihtiyacının Türkiye’de 2013-2018 arasındaki 5 yıllık dönemde iki katına çıkmış olması konunun önemini bir kez daha gözler önüne sermiştir. Bu çalışmada, Türkiye’deki farklı ihtiyaç ve talep grupları arasındaki karşılanmamış gebeliği önleyici yöntem kullanımı ihtiyacı incelenmiştir. 2018 Nüfus ve Sağlık Araştırması (2018 TNSA) dayanan bu çalışma farklı paritelere sahip, farklı eğitim düzeylerinde, farklı refah gruplarındaki hanelerde yaşayan kadınlar arasında ve tüm yaş gruplarında karşılanmamış ihtiyacın boyutu artmış olduğunu göstermiştir. Eğitim düzeyi ve refah durumu ne olursa olsun, doğumlara ara vere ihtiyacı kadınlar arasında daha yaygındır. Yalnızca kontraseptif kullanmayanlar değil, aynı zamanda kullananların da karşılanmamış aile planlaması gereksinimleri olabilir. Başka bir yöneme geçme isteği, karşılanması gereken bir diğer talep olarak değerlendirilebilir.

ANAHTAR KELİMELER: Karşılanmamış aile planlaması ihtiyacı, gebeliği önleyici yöntem talebi, Türkiye

INTRODUCTION

Family Planning (FP) 2020 and Sustainable Development Goals (SDGs) require countries and donors to invest time and funds in specific priority areas. The SDGs expressly referred to family planning and reproductive health regarding women’s empowerment and gender equality (WHO, 2018). The FP 2020 set goals for 69 countries on challenging barriers for accessing modern contraceptives. However, very few countries have been able to stay on target for the set goals. In 2020, 1.1 billion women of reproductive ages wanted to postpone their pregnancies or stop childbearing. About 84 percent of these women are using a contraceptive method, mostly a modern method. The rest of these women, which corresponds to 172 million, are not using a method at all, although they want to avoid pregnancy, meaning that they have an unmet need for family planning (UNDESA, 2020).

The concept of unmet need is based on implicit assumptions and deductions, that is, the inconsistency between women’s contraceptive behaviors and their fertility intentions. But; over the years, it has stimulated international initiatives in investing in family planning programs and has been used as an indicator to evaluate national family planning programs and to set global development goals (SDG Goal 5) (PFI, 2020). The FP2020 initiative aimed to increase the number of contraceptive users by another 120 million as of 2020 globally (UNFPA-PATH 2008; Hardee and Jordan 2019;

Hardee et al. 2014). However, COVID-19–related measures such as reduction in contraceptive manufacture and supply, closure of clinics, and restriction of people’s movement—mainly lockdowns result in a significant number of additional women with unmet need for contraception (Riley et al., 2020).

The early family planning programs being introduced in the mid-70s have been largely argued to be “supply-driven” forces rather than “demand-driven” (Mason, 1994). Until ICPD 1994, they have been strictly criticized for not acknowledging women’s sexual and reproductive rights (Dixon-Mueller and Germain, 1993; Sinding, 1993; Correa and Petchesky, 1994; Cook, 1995; Costa, 2000). Contrary to those days, today, human rights-based approaches have been adopted in family planning programs. It is widely acknowledged that every woman has different needs, individual preferences, and choices for their fertility and contraceptive use (PFI, 2020)

The idea of contraceptive choice mainly relies on the demand and then the supply is formed by fitting demand. When the demand side for contraception is considered, women’s knowledge about contraception and their previous contraceptive practice play a very significant role in the current and future contraceptive behavior. Moreover, the range of tried methods would affect demand for a variety of future options. Another major issue is the supply side for contraception. People’s choice for contraception would be effective only by supplying the best fitting contraceptive options. The concept of unmet need is a powerful proxy to estimate people’s free will to use contraception. They are potential contraceptive users. The other important point is their type of need, i.e. either limiting or spacing purpose.

The level of unmet need for family planning decreased regularly from 15% to 6% from 1993 to 2013 due to a continuous increase in the use of modern contraceptives (HÜNEE, 2019a). However, the findings of 2018 TDHS reveal that the unmet need for family planning has unexpectedly reached 12% which points out the high levels nearly 20 years ago. The rapid increase in the unmet need, despite the international goal of eliminating, has revealed the need for a more detailed examination of the issue.

This study reflects conditions for changing trends of unmet need in Türkiye by acknowledging different needs of women for contraception and addressing the unmet need for contraception among different needs and demands groups.

The study starts with recent contraceptive needs and demands among users and nonusers. Then we present the trend analysis that focuses on the change in unmet need for contraception with a specific emphasis on contraceptive knowledge and previous contraceptive practices of women for the period of 1993-2018. Based on those analyses we explore changing

needs for contraceptive consultancy versus contraceptive service among women with an unmet need for contraceptives.

BASIC CONCEPTS OF THE STUDY

Unmet need for contraception

The first studies examining the gap between the need for family planning and contraceptive use began in the 1960s, and the concept of unmet need for family planning was first used by Westoff (1978) in the late 70s. The concept was manifested through the KAP surveys which examined women's knowledge of, attitudes toward, and practice of birth control and about fertility size preferences. The difference between women's reproductive preferences and the contraceptive methods they practice is called the "KAP-gap" or the "unmet need" for contraception (Bongaarts, 1991). The magnitude of unmet need for family planning is calculated by a series of algorithms. This algorithm was developed with some corrections made over the years (Westoff and Bankole, 1995) and the revised definition of its calculation was adopted in 2012 (Bradley et al., 2012). The main approach in calculating unmet need for family planning is to first identify women at risk of pregnancy (married or sexually active), and then to identify among those who do not use any contraceptive method.

In the course of the research, some of these women in question may be either pregnant or postpartum amenorrheic. Among those, infecund women who are not pregnant or postpartum amenorrheic are defined as a group that does not have unmet need. Fecund women who want a/another child, those who want a/another birth in 2 years are examined and the planning status of the current pregnancy or last birth of women who are pregnant or postpartum amenorrheic is controlled.

Unmet need for limiting is the category for women who are fecund and do not want to become pregnant but do not practice any method of contraception. Women who are fecund and want to delay childbearing for more than 2 years without practicing any method of contraception refer to the category of unmet need for spacing.

Women who are pregnant or amenorrheic are examined based on the retrospective willingness of their current pregnancy or last birth. Hence, women who did not want a/another child are categorized as women having an unmet need for limiting purposes; women who would have preferred to get pregnant two or more years after the date of their current pregnancy are categorized as women with spacing needs for family planning.

Contraceptive needs and demands

When contraceptive knowledge, awareness, and attitudes exist in a society, this is believed to create its own demand for contraceptive and in turn, supply-side factors become involved in the provision of family planning services to everyone who are in need (Jabeen et al., 2020). Therefore, it is important to understand the women's contraceptive needs and attitudes to orient such services in a manner that best addresses the needs of different individuals. The choice-based approach should be taken into consideration, that is a woman can decide for herself what she wants regarding contraceptive use, and then put this decision into practice. Accordingly, while assessing the contraceptive gap in a society the focus turns from contraceptive prevalence rate to unmet need-the one who is not currently using a method but wants to delay or stop childbearing. A further step for need assessment would be the one who is not currently using a method but wants to use a contraceptive method or the one who is currently using a method but wants to shift to another one.

Based on the above-mentioned shift in assessing needs, Table 1 presents our proposed frame for addressing varieties of needs and demands among users and non-users of contraceptives. Each cell (A, B, ...H) of this table refers to a different group of women with varying needs and demands. Cells A, D, and F refers to women with satisfied needs while cells C and E refers to women with unmet need. Women in cell B use contraceptives without any need. Moreover, some women, cell G, are not currently using any method yet they are willing to use it. Another group of women, cell H, want to change their methods. Those groups of women with different needs require different types of counseling and services for family planning.

Table 1. Proposed frame for contraceptive use by varying needs and demands

		Currently using a family planning method	
		No	Yes
Contraceptive needs and demands	<i>No need for contraception</i>	A	B
	<i>Need for spacing</i>	C	D
	<i>Need for limiting</i>	E	F
	<i>Want to use/change the method</i>	G	H

Literature review

To understand the unmet need for family planning throughout the country, it is important to know the level of need for women having different socio-demographic characteristics. Globally, a list of key features is predominantly

discussed to understand the variations in the level of unmet need: age, parity, wealth, and education. A systematic review was accomplished in Ethiopia by reviewing various search engines about the articles of observational studies on reproductive women and the unmet need for family planning to seek the predictors for unmet need for family planning in Ethiopia (Getaneh et al., 2020). It was shown that early marriages (age at first marriage < 18 yrs.), no formal education for women and their partner, and the lack of discussion among partners on family planning were the main predictors (Getaneh et al., 2020). In another study performed in sub-Saharan Africa (SSA) by Ahinkorah et al. (2020) to investigate the association between socioeconomic and demographic factors and unmet need for contraception among young women, it was seen that levels of formal education and wealth status of women have a dominant role in women having an unmet need for contraception. Other predictors found in this study that are associated with unmet need were age, marital status, parity, occupation, sex of household head, and access to mass media (newspaper). Due to the study of which data was obtained from Demographic and Health Surveys (DHS) conducted between 2010 and 2018 in 30 sub-Saharan African countries, it was found that unmet need for contraception was relatively high among young women and it is associated with socioeconomic status. There is a wide range of prevalence of unmet need among young women, from 11 percent in Zimbabwe to 47 percent in Comoros, overall prevalence was found to be 27 percent (Ahinkorah et al., 2020). In another study, Asif and Pervaiz (2019) examined the determinants of unmet need for family planning among married women in Pakistan based on the Pakistan Demographic and Health Survey 2012-13. According to the result of their analysis, there is an inverse relationship between age and education with the likelihood of the unmet need for family planning. Also, Asif and Pervaiz (2019) found that with the increase in the wealth status of women's households, there is a decrease in the likelihood of unmet need. In a comparative study, Ewerling et al. (2018) identify the demand for family planning satisfied with modern methods among all sexually active women (15-49) and the coverage of that demand for 77 low- and middle-income countries. They found that the groups of women who require special attention and greater coverage are those who are in the poorest wealth quintiles, the youngest age groups, living in the rural areas, and those with low education (Ewerling et al., 2018). Another striking result of their analysis was the fact that almost half of the women who are in the need of family planning were not using a modern contraceptive method.

The unmet need for contraception is one of the major concepts in reproductive health and rights literature in Türkiye. Turkey Demographic and Health Surveys (TDHS), which are conducted as a part of the series of quinquennial demographic surveys, allow us to track the level of unmet need

for family planning, contraceptive knowledge, and practice as well as the socio-demographic characteristics of women with unmet need in representative level. The findings of the 2018 Turkey Demographic and Health Survey (2018 TDHS) revealed that overall, 30 percent of currently married women in Türkiye do not use any family planning method to prevent pregnancy (HUIPS, 2019). When classifying these women according to whether they are pregnant or amenorrheic, whether they are fecund or infecund, and whether they want to become pregnant, we see that a total of 12 percent of these women are in the need of family planning, including 4 percent needs and 8 percent needs family planning to space births family planning to stop childbearing (Çavlin and Çağatay, 2020).

There are also regional and local studies that are not representative and are mainly health center-based. The latest example is demonstrated from Karabük province by Özdemir, Çevik and Çiçeklioğlu (2019). In their cross-sectional study, 594 married women (298 from the rural and 296 from the urban) were contacted to examine the level of unmet needs for family planning and the related factors. It was seen that ages, household incomes, and education levels were significantly lower in the rural women than in the urban women while there was no difference in receiving family planning counseling (Özdemir et al., 2019). The level of unmet need for family planning for rural women (10 percent) was almost two times higher than for urban (5 percent). It was also found that solely religious marriages were the strongest determinant of unmet need. In another study that was conducted to identify methods of contraception practiced by women and the factors that affect such practice (Aydoğdu and Akça, 2018) examined 1061 women applying to family health centers in Amasya province for three months. The study found that there is a significant relationship between women's use of any family planning method and their age, their level of education, the time passed between the last two births, the age of their husband, and the place they live in (Aydoğdu and Akça, 2018). In a qualitative study conducted with women in three disadvantaged neighborhoods of İzmir by Yücel et al. (2020), it was found that the number of children, previous contraceptive use, and the use of family planning services at family health centers are determinants of contraceptive use.

Data and methodology

Turkey Demographic and Health Surveys (TDHS), which are conducted as a part of the series of quinquennial demographic surveys allow us to track the level of unmet need for family planning, contraceptive knowledge, and practice as well as the socio-demographic characteristics of women with unmet need. This study relies on data from 1993 TDHS, 1998 TDHS, 2003 TDHS, 2008 TDHS, 2013 TDHS and 2018 TDHS.

The term unmet need for contraception refers to women at risk of pregnancy (married or sexually active) who want to limit or delay (2 years or more) their fertility yet do not use any contraceptive method. The concept was first used by Westoff (1978) and was developed with some corrections (Westoff and Bankole, 1995; Bradley et. al., 2012). This study follows the internationally accepted revised definition of unmet need by Bradley et. al (2012).

The calculation of the indicators of unmet need for family planning are corresponding to spacing and limiting needs. Women who are fecund and do not want to become pregnant but do not use a method of contraception refer to unmet need for limiting; women who are fecund and want to delay childbearing for more than 2 years without using a method of contraception refer to unmet need for spacing. In addition, women who are pregnant or amenorrheic are examined based on the retrospective willingness of their current pregnancy or last birth. Accordingly, women who did not want a/another child are categorized as women having an unmet need for limiting purposes; women who would have preferred to get pregnant two or more years after the date of their current pregnancy are categorized as women with spacing needs for family planning.

All six surveys are used for in the trend analysis. Operationally, the dependent variable is the magnitude of unmet need for contraceptives when independent variables are in two groups: 1) socio-demographic and economic variables and 2) contraceptive knowledge and practice. In the first group, we employed age, parity, education, and wealth. In the second group, we analyzed knowledge of traditional methods, knowledge of modern methods, knowledge of any methods, previous use of traditional methods, previous use of modern methods, previous use of any methods, and future method preference.

Findings

We present our findings under three interrelated subsections. We begin with current needs and demands for contraceptives, then share trend analysis results covering the period 1993-2018 for contraception and unmet needs, and finally reveal counseling and service needs among women with unmet contraceptive needs.

Contraceptive use by varying needs and demands

Based on our proposed frame in Table 1, we estimated the recent percent distribution of women by their needs, demands, and contraceptive practices. As seen in Table 2, 19 percent of currently married women have no need for contraception, and they are not using any. Considering women with need

for spacing, 4 percent of currently married women have unmet need while 6 percent of them met their needs with traditional methods. Results show that only 12 percent of currently married women met their needs for spacing with modern methods. When women with the need for limiting are considered, we see that 8 percent of currently married women have unmet need and 15 percent of them met their needs with traditional methods. On the other hand, a relatively bigger group of women, 37 percent of currently married women met their needs for limiting with modern methods. The last row of Table 2 presents contraceptive demands of women by their current contraceptive practices. Results show that 12 percent of currently married women are not currently using any method yet they are willing to use. Another demand of women is for shifting to another method; 4 percent of women are using traditional methods and demanding another method and 8 percent of them are using modern methods and demanding another method.

Table 2. Contraceptive use by varying needs and demands, Türkiye 2018

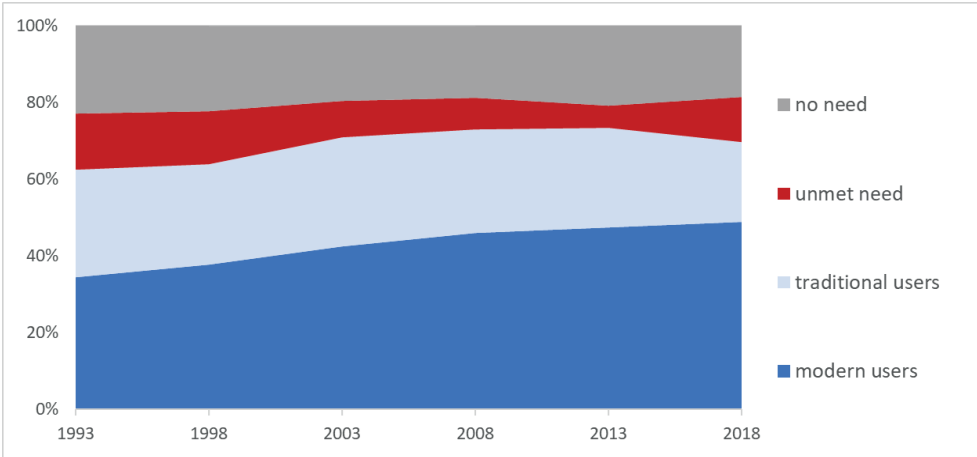
		Currently using a family planning method		
		No	Yes, traditional	Yes, modern
Contraceptive needs and demands	<i>No need for contraception</i>	18.6%		
	<i>Need for spacing</i>	4.0%	6.4%	11.5%
	<i>Need for limiting</i>	7.6%	14.5%	37.4%
	<i>Want to use/change the method</i>	11.5%	4.2%	7.8%

TREND ANALYSIS

Trends in need for contraception in Türkiye

Contraceptive use has increased over time mainly due to a continuous increase in the use of modern methods. As presented in Figure 1, in 2018, about half of women of reproductive age have used the modern methods, which was 35 percent in 1993. While there was not much change between 1993 and 2013 among those who used traditional methods, about one in four women; the findings of the latest survey for the first time highlight a decrease that one in five women preferred traditional methods. Withdrawal is the most popular traditional method in Türkiye and recently the second most popular method after a condom. There was a steady decrease in unmet need for family planning until 2013, while an increase was observed as of 2018. Although there is not a huge change in women who do not have any unmet need, there is a small decrease from 23 percent to 19 percent over the years.

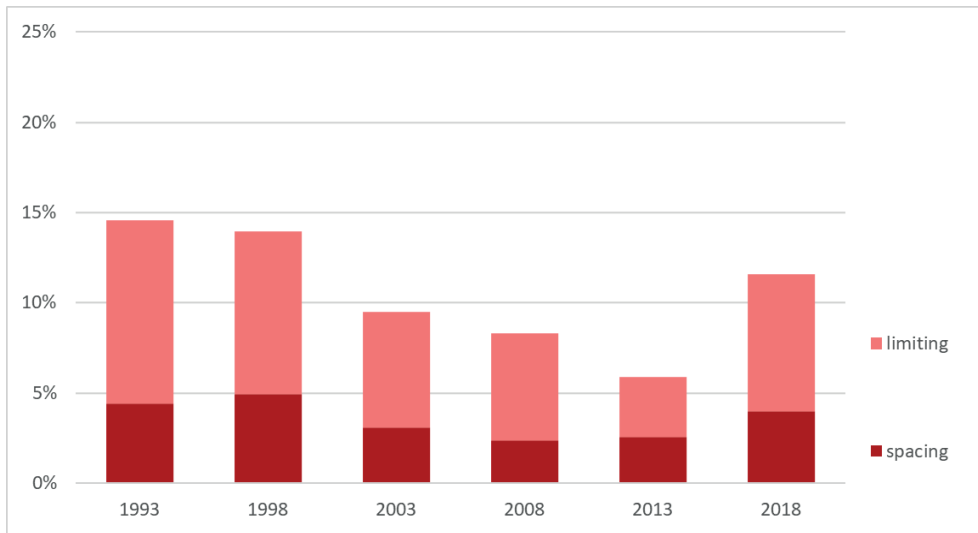
Figure 1. The proportion of currently married women of reproductive ages (15-49) using a contraceptive method, having an unmet need or no need for family planning



Trends in unmet need for contraception in Türkiye

Needs for contraceptives have been increasing by stable fertility about replacement level in Türkiye. Correspondingly, the level of unmet need for family planning decreased from 15 to 6 percent from 1993 to 2013 due to a regular increase in the use of modern contraceptives and stable levels in the use of withdrawal (HUIPS, 2019). As seen in Figure 2, the effect of the decline in the unmet need for limiting has the primary share in the overall decline in the period of 1993-2013. During that period, the magnitude of unmet need for spacing and limiting decreased and converged.

However, the findings of the 2018 TDHS unexpectedly reveal that the unmet need for family planning has doubled in the last five years and reached up to 12 percent. Unmet need for both spacing and limiting have increased in the 2013-2018 period (Figure 2). However, the increase in the percentage of unmet need among women who want to stop childbearing is more prevalent than women who want to delay. Figure 2 presents that in 2013, 3 percent of women had family planning needs to limit their fertility while this refers to 8 percent of women in 2018. Trends reflect that the recent level of unmet need for limiting is close to the one 20 years ago in 1998 while the recent level of unmet need for spacing is close to the one 25 years ago in 1993.

Figure 2. Trends in unmet need for family planning, 1993-2018 TDHS

Trends in unmet need for contraception by social-demographic and economic characteristics

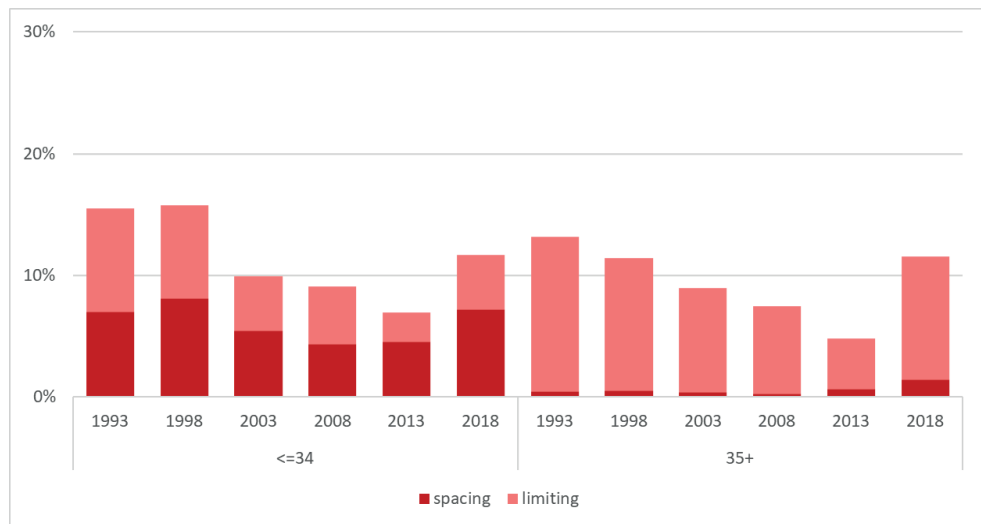
For family planning programs to be successful, program planners must first know about customer profiles with different backgrounds. Overall changing trends in the unmet need is important but women's need for family planning varies according to different socioeconomic and demographic factors. Thus, this section presents the trends in unmet need by age, parity, education, and wealth statuses of *currently married* women.

Age: The family planning needs of women vary depending on at what stage of their reproductive span they. Different patterns of unmet need are expected for younger women and older ones. Accordingly, for women aged 35 years and above, the demand for avoiding fertility gains importance, which is largely reflected in limiting needs (Figure 3). The total unmet need for those women has shown a continuous improvement until the last survey year. In 2018, the declining trend was disrupted and total unmet need has increased to 11.5 percent, which was the level in 1998. Besides, spacing needs for older women (35 or over) have become more pronounced than in other surveys. The change in the unmet need between 2013 and 2018 was more severe in older women, though the family planning need reached the same level in both age groups in 2018.

On the other hand, the pattern of unmet need and the degree of change in needs are different for the younger women (under 35). For younger women,

it is hard to distinguish their spacing need from the limiting because spacing has become as evident as the need for limiting. Especially for the last two surveys, the desire to postpone childbearing has been more predominant and thus, their unmet need mainly depends on spacing purposes.

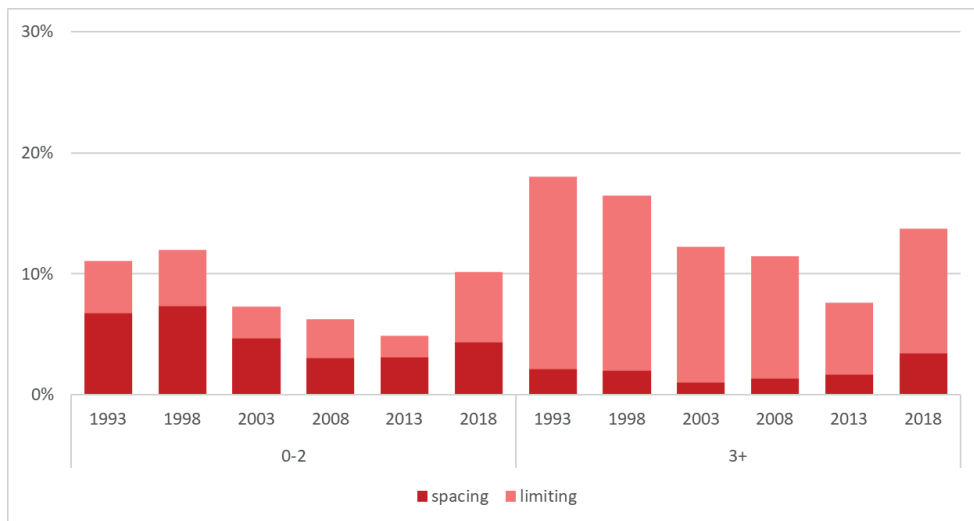
Figure 3. The unmet need for family planning by age groups, 1993-2018 TDHS



Parity: Whether the women can reach the number of children they targeted during their reproductive ages will most probably make a difference for their spacing and limiting needs. Parity, in this study, refers to the number of children ever born, including the current pregnancy at the time of the survey. Two categories were formed: below or above two, which corresponds to the replacement level fertility.

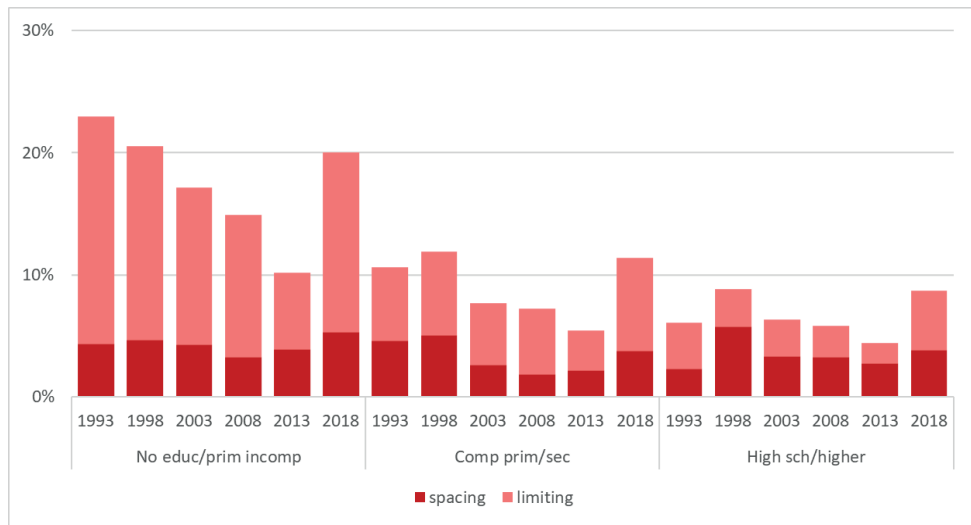
The total unmet need among women with three or more children has declined until 2018 and almost doubled in 2018 (Figure 4). A very similar trend is also valid for women with lower parities, excluding the increase in 1998. Unmet need for spacing and limiting purposes has markedly differed in parity as in the age groups. When the desired fertility is not yet attained, the unmet need for spacing is more likely higher. Accordingly, spacing needs are more pronounced among women with two children at most, indicating that they might have been still behind their target. The situation is the opposite for women with at least three children. Their family planning needs are mainly to stop childbearing because they might already have been on target or beyond their ideal number of children.

Figure 4. Unmet need for family planning by parity, 1993-2018 TDHS



Education: The variation in unmet need among women with different educational levels is not unique to a specific group, but it has certain characteristics (Figure 5). The steady progress towards decreasing levels of unmet need among the least educated women regressed to the level of a decade ago in 2018. Such a fallback has been unfortunately observed in all education categories in 2018. On the other hand, there has been an irregular change in the level of unmet need among more educated women during the survey years and, the unmet need for these women, whom we expect to be most advantageous in accessing the services, has more than doubled from 2013 to 2018.

The type of need also varies according to the level of education. Among uneducated or less educated women, the more significant portion of the unmet need refers to the desire to end fertility which is the need for limiting. In contrast, spacing needs have become more noticeable for well-educated women.

Figure 5. Unmet need for family planning by education, 1993-2018 TDHS

Wealth status: Income level or financial capability plays a crucial role in accessing family planning services and fulfilling the needs. Since it is not very easy to collect accurate information on income level in surveys, wealth quintiles, which are available in each data set, can be used as a substitute for income, and help to display differentiation between the poorest and the richest.

There is a negative relationship between wealth status and total unmet need (Figure 6). As in the other socio-demographic variables, there has been a marked increase in unmet need in 2018 among all quintiles, although the magnitude of change within the groups has been different. Besides, until 2018, the unfulfilled need for contraception has decreased between the quintiles and within the quintiles themselves during the inter-survey periods, and the most significant change has been observed among the poorest women.

The proportion of demand satisfied by modern methods¹ indicates that women who are using traditional methods are considered to need more effective – modern- contraceptives (Bradley et al., 2012). Although the level of unmet need reached in 2018 has obfuscated the improvement observed in each quintile over the years, the picture is more optimistic for family planning needs with the regular increase in the proportion of demand satisfied by modern methods (Figure 7). Wealth-related disparities still exist but are relatively smoother for this indicator.

1 $\frac{\text{Current use of modern contraceptives}}{\text{Total unmet need} + \text{Current use of any method}}$

Figure 6. Total unmet need by wealth quintiles, 1993-2018 TDHS

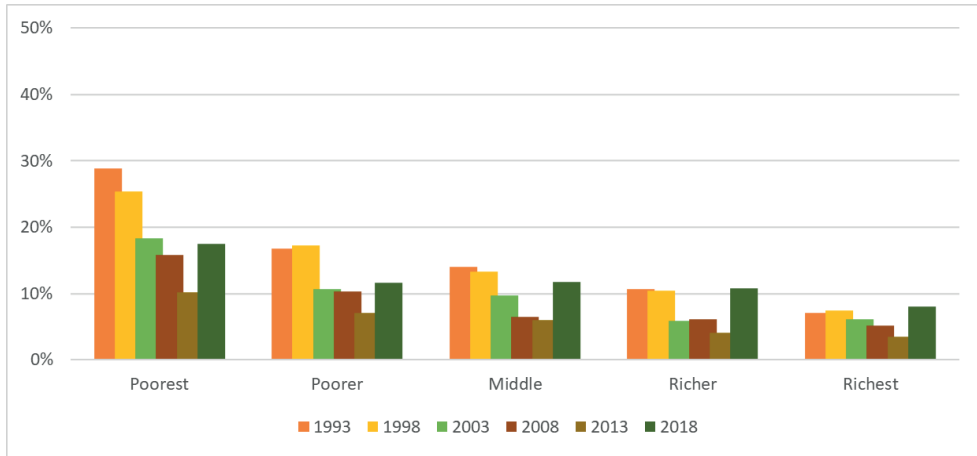
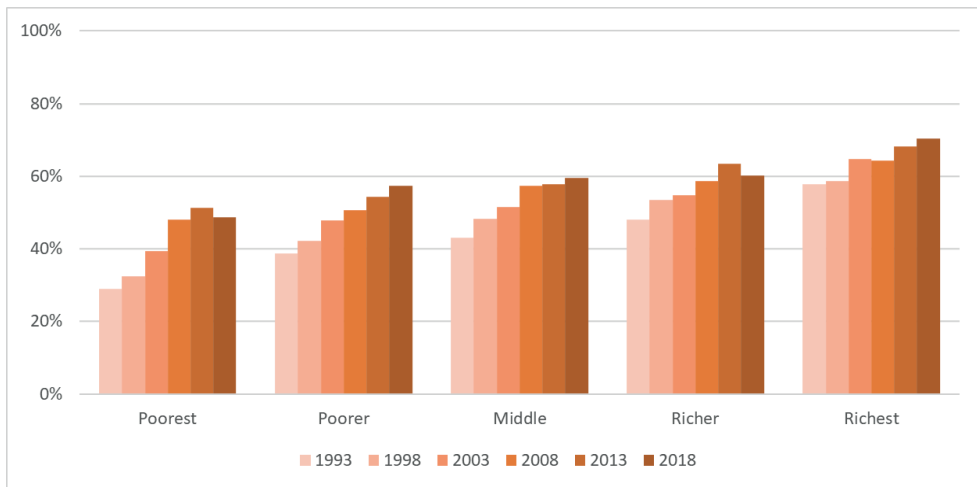


Figure 7. The proportion of demand satisfied by modern methods by wealth quintiles, 1993-2018 TDHS



Trends in unmet need by contraceptive knowledge and practice

This section presents the descriptive findings on women having an unmet need for family planning according to their past experiences with contraceptive use and their future intentions to use a method. As baseline information, Table 3 includes all basic indicators of unmet need and contraceptive practice for the period of 1993-2018.

Women have an unmet need for family planning does not mean they have never used contraceptive methods in their lifetime. Some of these women used methods at some point and that makes a difference in the level of unmet need (Figure 8A and 8B) and probably in their future intentions. Women who had previously used a method of contraception have lower levels of unfulfilled need when compared to those who have never used it. The fact that the previously used contraceptive is traditional or modern also has affected the unmet need (Figure 9A and 9B). If the method used in the past is a modern contraceptive, limiting needs have become more apparent for women. Women who have ever used the traditional method before have had both spacing and limiting needs, but except 1993 and 2018, the unmet need for spacing has overridden the need to stop childbearing.

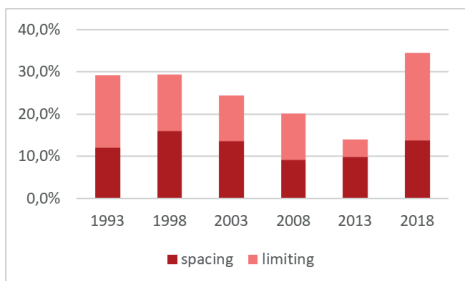
Table 3 Trends in basic indicators of contraceptive use and needs in Turkey

	1993	1998		2003	2008	2013	2018
Unmet need for spacing*	4.4	4.9		3.1	2.4	2.6	4.0
Unmet need for limiting*	10.2	9.0		6.4	5.9	3.3	7.6
Total unmet need*	14.6	14.0		9.5	8.3	5.9	11.6
Contraceptive prevalence rate	62.6	63.9		71.0	73.0	73.5	69.8
Contraceptive prevalence rate for all modern methods	34.5	37.7		42.5	46.0	47.4	48.9
Contraceptive prevalence rate for all traditional methods	28.1	26.1		28.5	27.0	26.0	20.9
Ever-used any method	80.1	82.1		90.0	91.3	91.7	89.6
Ever-used modern method	61.8	67.5		73.2	77.6	76.7	77.3
Ever-use traditional method	57.5	55.8		70.3	64.2	65.9	59.5

* Revised definition, Bradley et al., 2012

Figure 8. The unmet need among currently married women who have

A. Never used contraception



B. Ever used contraception

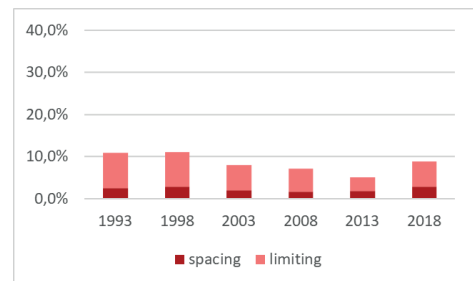
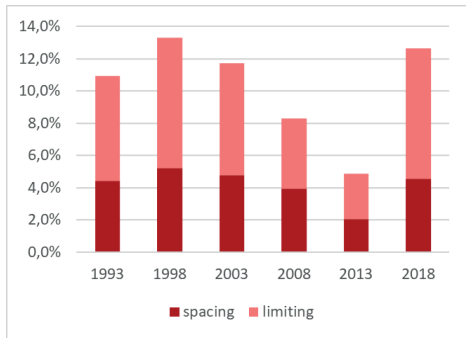
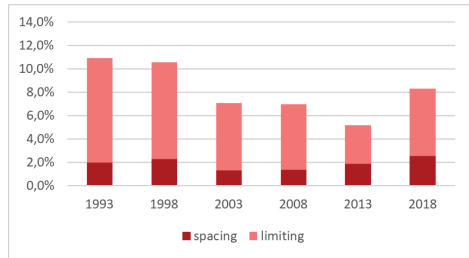


Figure 9. The unmet need among currently married women who have ever used a

A. Traditional method



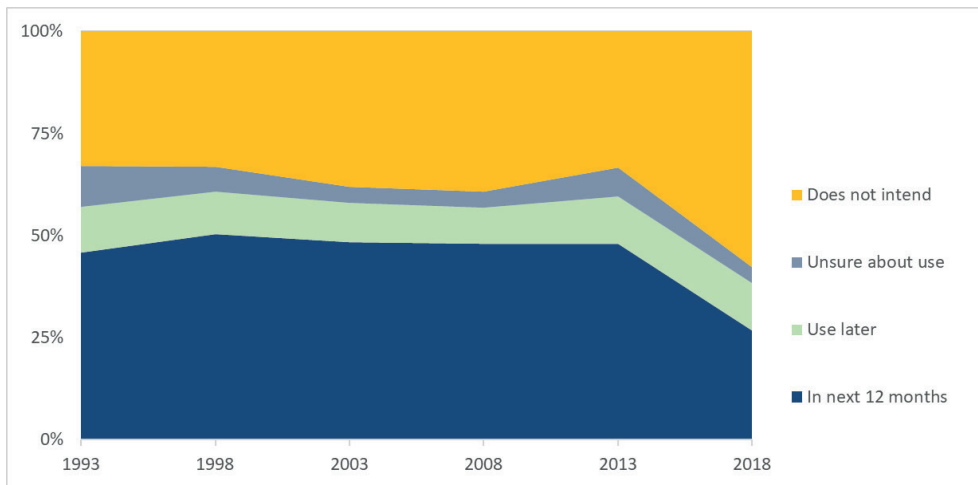
B. Modern method



Contraception intentions are important predictors of contraceptive demand although those intentions may not always translate into behavior, or they may change. Besides, the desire of women to use contraceptive methods in the future also provides important tips on which group should be given priority when planning programs encouraging contraceptive use.

Until 2018, there has not been much fluctuation in the future intentions of currently married women with having the unmet need to use contraceptive methods although the total unmet need is at different levels (Figure 10). However, in 2018, there is a significant decrease in all categories, the most dramatic ones are observed in “*the next 12 months*” and “*no intention to use*”. The proportion of women who plan to use a method in the next 12 months reaches its lowest level in 25 years. Only one out of every four women with an unmet need intends to use a contraceptive method in the future. But, before 2018, just over half of women stated their tendency to switch from non-user to user shortly. Among currently married women with unmet need, intention not to use a method has been steady at around 30-40 percent until 2018, yet it has approached 60 percent as of 2018.

Figure 10. Future intentions to use a contraceptive method among currently married women having an unmet need for family planning



CONCLUSION

The level of unmet need for contraception declined from 15 to 6 percent in the period of 1993-2013 however, it has sharply increased to 12 percent in the period of 2013-2018. The analyses display that this recent increase in total unmet need is not specific to any selected socio-demographic group. In other words, the magnitude of unmet need has increased for all age groups, among women with different parities, having different levels of education, and living in households with different wealth statuses. On the other hand, these characteristics have made a difference depending on whether the needs of women are for limiting or spacing. Therefore, it seems unlikely that the targets aimed at reducing the overall prevalence of unmet need will be successful regardless of women's socioeconomic and demographic differences. Indeed, those differences help service providers see the picture more clearly in planning services that will meet their reproductive needs.

The main paradox in Türkiye is that when women want to limit childbearing, they do not use a method. This results in the predominance of unmet need for limiting rather than spacing needs. Regardless of educational attainment and wealth status, limiting needs have become more common among women. Not only the non-user but also contraceptive users might also have unsatisfied family planning needs. The desire to switch to another method can be regarded as contraceptive demand that has to be fulfilled.

The wealth status of women determines the preference of re-supply or long-acting modern methods. Re-supply modern methods are mainly preferred by the wealthiest women and those who want to postpone their next birth. On the other hand, poor women prefer long-acting methods, which might indicate that they are not able to afford the costs of re-supply methods. Instead, one-time payment for the long-acting methods might seem to be more affordable and help contraceptive continuation. Thus, the long-acting methods may be a necessity rather than a choice for the poorest as they may not be willing to pay for re-supply methods repeatedly. Facilitating affordable access to contraceptives will provide low-income women with more freedom to choose what method to use.

The share of the public sector has been declining over the past 10 years preceding the last survey. Women with an irregular income, the ones with no job, and the poorer women are more likely to use public suppliers, because of which the methods might be cheaper or more affordable in the public market. The public sector should be subsidized as a family planning provider to sustain the balance between sectors. For instance, the private sector is the primary provider of condoms and wealthy women vastly prefer to use condoms. The share of the public sector could be increased for condoms, not only to prevail its use among women with different wealth statuses but also to improve health.

Türkiye's ability to reach zero unmet need for family planning, one of the "3 zero targets"² set at the Nairobi summit³ on the 25th anniversary of ICPD, depends on the government program priorities to meet the demand for family planning. The increase in unmet need in Türkiye over the past decade is alarming when the countdown to fulfilling commitments on the 2030 agenda begins. The reason for the increase observed in the last survey year is not very clear whether it is due to factors other than individual preferences such as accessibility, availability, or affordability of family planning methods. It is quite certain that not using a contraceptive method is not due to a lack of information on family planning methods because the contraceptive knowledge is virtually universal among currently married women in Türkiye. On the other hand, more than half of women have never been exposed to family planning messages through any channel during the last few months. Thus, the visibility of those messages such as advertising, posters, and public service announcements that will raise awareness about family planning and

2 Refers to zero unmet need for family planning, zero maternal death and zero sexual and gender-based violence (<https://www.naibisummiticpd.org/content/icpd25-commitments>).

3 The commitment to zero unmet need for family planning differs from the standard concept of unmet need for contraceptives, which is summarized as the gap between women's fertility intentions and contraceptive behavior. Instead, it refers to the fulfillment of the need for family planning information and services, and provision of universal access to affordable and safe contraceptives of good quality (<https://www.naibisummiticpd.org/content/icpd25-commitments>).

help generate behavioral changes should be encouraged. The priority in raising contraceptive awareness should be given to non-users, especially the never-married women, who are planning to use a method in the future and will be included in the family planning market. Besides, implementing demand-generated counseling strategies on family planning is of great importance as it will empower both existing and potential users to choose a birth control method that they can use appropriately and continuously over time.

Above all, during the pandemic conditions, health care has been completely pandemic-oriented and service priorities have changed because of the pandemic. Many services including family planning have been severely disrupted. Not only the supply side but also the demand side has been affected due to forced home confinement. In terms of the unmet need for family planning, the need will likely reach an even higher level than in 2018. Thus, targeting programs to satisfy the contraceptive needs of especially the hard-to-reach or under-served population is of great importance in reducing the pandemic's negative impact on family planning services.

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