

Justification/Rationale Two indicators: women’s fertility desires and intention to use contraception were not part of the 18 Core Indicators of FP2020 but are critical to assess jointly to understand if and how women’s fertility desires 1) change over time and 2) predict the use of contraception. The indicator on fertility desires is used to calculate unmet need and demand satisfied— both of which will remain part of the FP2030 measurement framework. Furthermore, recent studies have suggested that including intention to use contraception can provide a more accurate assessment of gaps in contraceptive use and further contextualize unmet need (Moreau et al., 2019).

What is the measurement challenge/issue? Current surveys typically measure fertility intentions through questions that ask about women’s desire to have more children, which women answer: 1) yes, 2) no, or 3) don’t know. Women that want additional children are then asked, how long they want to wait. Women that want to wait less than two years are classified as wanting children “soon,” those that want to wait more than two years are classified as wanting to have children “later,” and those unsure of timing are classified as “undecided about timing.” For women who are currently pregnant, this desire for children question is asked in terms of desire for another child after the current pregnancy. Current surveys such as the DHS measure intention to use contraception by asking women who are currently not using a method if they will use a contraceptive method in the future and women answer by indicating 1) yes, 2) no, or 3) don’t know. While these data are critical to understand point-in-time estimates, they don’t capture the changing fertility intentions or the interrelationships between fertility desires and contraceptive use. PMA collects longitudinal panel data for intention to use, and also asks women when they might start using a method and which method they might use, thereby permitting measurement of changing fertility intentions and the relationship with future contraceptive use.

Several longitudinal research studies have demonstrated that fertility desires are fluid (Moreau et al., 2013; Speizer et al., 2013; Srivastava et al., 2019; Mozumdar et al., 2020; Speizer et al., 2020). These studies have found that some women who at an earlier period reported wanting to delay a pregnancy two or more years or who do not want any more children rationalized their experienced pregnancies at follow-up as intended. The opposite was also found where some women who reported wanting a pregnancy at a first observation reported their experienced pregnancy as unintended at the later date. These studies also found that the desire to have no more children was a strong predictor of contraceptive use. Similarly, a recent analysis showed that adding a question about motivational strength to prevent pregnancy to fertility desires was a better predictor of subsequent contraceptive use for non-users and continued use among users.¹ Other studies have demonstrated that some women are ambivalent about future childbearing and contraceptive use (Withers et al., 2011). The reasons for ambivalent fertility desires and intention to use contraception can vary by country context, life stage, personal circumstance, quality, and availability of family planning services, etc. – which make it difficult to understand if women are indeed in need of contraception or will use contraception when “in need” as captured in the standard indicator of “unmet need”. A study from Uganda found that women with an unmet need were slower to adopt contraception than those women without unmet need (Sarnak et al., 2020). Furthermore, another study in Uganda using longitudinal data found that women’s intentions to use contraception were a stronger predictor of adoption and discontinuation of contraception than

¹ Analysis presented by Aparna Jain (Population Council) at the IUSSP virtual workshop on methodologies for measuring pregnancy intention and unintended pregnancy and birth (2021). Full analysis is forthcoming.

fertility desires (Sarnak et al., 2021). While unmet need will remain integral to FP2030 progress monitoring, it's also critical to assess both women's fertility desires and intention to use contraception.

What actions can be taken to advance measurement in this area?

Surveys such as PMA have a longitudinal design, which allows FP2030 data partners to further analyze the varying fertility desires and their subsequent impact on contraceptive use. However, as the FP2030 data partners look towards the next decade of monitoring progress, they should consider:

1. Whether and how to quantify fluctuations in fertility desires, as well determine how these fluctuations affect key indicators like unmet need and demand satisfied? Additionally, what can be learned for informing policy and programming?
2. How do we better understand the motivations of women that respond with "undecided or don't know" about additional children or timing of children? Should questions on motivational strength to prevent pregnancy be added to surveys to understand these nuances to help better inform programs and policies to reach these?

Note: Although this brief focuses on contraceptive use among women for limiting or spacing their births based on their fertility desires, it is important to acknowledge that some women might want to have children to achieve their fertility desires but are unable to do so due to possible infertility issues.

References:

- Ewemooje, OS, Biney, E. Amoateng, AY. Determinants of fertility intentions among women of reproductive age in South Africa: evidence from the 2016 demographic and health survey. *J Pop Research*. 2020; 37, 265–289. <https://doi.org/10.1007/s12546-020-09246-w>
- Moreau C, Hall K, Trussell J, Barber J. Effect of prospectively measured pregnancy intentions on the consistency of contraceptive use among young women in Michigan. *Hum Reprod*. 2013;28(3):642-650. doi:10.1093/humrep/des421
- Moreau C, Mridula S, Helleringer S, Becker S. Measuring unmet need for contraception as a point prevalence. *BMJ Global Health*. 2019; 4(4): e001581-e001581.
- Mozumdar, A, Tobey E, Aruldas K, Acharya R, Jain A. 2020. “Contraceptive use dynamics in India: A prospective cohort study of modern reversible contraceptive users,” Population Council Research Report. 2020.
- Sarnak D, Tsui A, Makumbi, F, Kibira S, Saifuddin A. 2020; The predictive utility of unmet need on time to contraceptive adoption: A panel study of non-contracepting Ugandan women. *Contraception*: X. 2. 100022. 10.1016/j.conx.2020.100022.
- Sarnak DO, Tsui A, Makumbi F, Peter S, Kibira S, Ahmed S; A Panel Study of Fertility Preferences and Contraceptive Dynamics in the Presence of Competing Pregnancy Risks in Uganda. *Demography*. 2021; 58 (1): 295–320. doi: <https://doi.org/10.1215/00703370-8937285>
- Speizer IS, Calhoun LM, Hoke T, Sengupta R. Measurement of unmet need for family planning: longitudinal analysis of the impact of fertility desires on subsequent childbearing behaviors among urban women from Uttar Pradesh, India. *Contraception*. 2013;88(4):553-560. doi:10.1016/j.contraception.2013.04.006
- Speizer IS, Escamilla V, Lance PM, Guilkey DK. Longitudinal examination of changing fertility intentions and behaviors over a four-year period in urban Senegal. *Reprod Health*. 2020;17(1):38. Published 2020 Mar 17. doi:10.1186/s12978-020-0893-4
- Srivastava U, Singh A, Verma P and Singh KK. The role of change in fertility desire on change in family planning use: A longitudinal investigation in urban Uttar Pradesh, India. *Gates Open Res*. 2019; 3:1439 (<https://doi.org/10.12688/gatesopenres.12956.2>)
- Withers M, Tavrow P, Adinata N. Do Ambivalent Women Have an Unmet Need for Family Planning? A Longitudinal Study from Bali, Indonesia. *Women's health issues: official publication of the Jacobs Institute of Women's Health*. 2011; 21. 444-9. 10.1016/j.whi.2011.04.031.