The attainment of zero unmet need for family planning is one of the main objectives of the Sustainable Development Goals (SDG) (TURKSTAT, 2020) and one of the main commitment of the Nairobi Summit held in the 25th year of the International Conference on Population and Development (ICPD+25) (ICPD25, 2019). Fulfilling the need for family planning, especially with modern methods has been among the international goals in the previous years. In the London Summit on Family Planning held in 2012, it was aimed to provide access to modern contraceptive for 120 million more women by 2020 (Moazzam et al, 2013).

Recent researches show that the goals of London Family Planning Summit have not been achieved, and action plans are needed for the goal of eliminating the unmet need for family planning set by SDGs and ICPD+25.

An indirect consequence of the measures taken for the Covid-19 pandemic is the difficulty in provision of family planning services and access of individuals to the services. Latest studies show that the supply of modern contraceptives has decreased by around 10 percent, which means that 49 million more women are in need of family planning worldwide (Riley et al, 2020).
The Unmet Need for Family Planning

in Turkey

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In order to provide accessible and adequate reproductive and sexual health services to all women with different demographic characteristics and different needs, it is necessary to continuously monitor the magnitude of the unmet need for family planning and the characteristics of those in need. Turkey Demographic and Health Surveys (TDHS), which are conducted as a part of the series of quinquennial demographic surveys, allow us to track the change in the level of unmet need for family planning and the socio-demographic characteristics of women with unmet need. The 2018 TDHS not only is a nationally representative sample survey but also has a separate representative sample for Syrian migrants under temporary protection in Turkey (HUIPS, 2019a and b).

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 (HUIPS, 2019a). However, the findings of 2018 TDHS reveal that the unmet need for family planning has unexpectedly reached 12%. This survey also showed that 21% of Syrian migrant women living in Turkey has unmet need (HUIPS, 2019b).

Despite the international goal of eliminating the unmet need for family planning, its level doubled between 2013 and 2018, indicating an overall increase in Turkey. In addition to the aggregate increase in unmet need for family planning, there is a substantial need for family planning among a new group that cannot be ignored in planning services, that is Syrian migrant women in Turkey. The fact that women’s access to health services decreased due to the Covid-19 pandemic in the period after the study, it is more than likely that the current level of unmet need for family planning is higher than these figures.
How to calculate?

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 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 to 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. Some of these women are either pregnant or postpartum amenorrheic. 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.

Different needs: spacing versus limiting

Within this flow, women who are fecund and do not want to become pregnant but do not using a method of contraception refer to unmet need for limiting; women who are fecund and want to delay childbirth for more than 2 years without using a method of contraception refer to unmet need for spacing.

Figure 1 shows the calculation of the indicator for unmet need for family planning according to spacing and limiting needs. In addition, women who are pregnant or amenorrheic are examined based on the retrospective willingness of their current pregnancy or last birth.

Women who did not want a/another child are categorized as women having 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.

Overall in Turkey, 30% of currently married women in Turkey do not use any family planning method to prevent pregnancy. 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 11.5% of these women are in need of family planning, including 3.9% needs family planning to space births and 7.6% needs family planning to stop childbearing (Figure 1).
*Those who are not sure if they want to have children other than fertile women or who are not sure when they want to have children are included in the group where the need for family planning necessary to make a break between births is not met.
Another need: the need for modern methods

Some women state that they used a traditional method to avoid pregnancy, but in fact prefer a modern method. In service provision, it is very important to evaluate the demand, and make plans in line with these demands. In essence, determining the unmet need for the modern method is an important information in planning services for countries where the use of traditional method is very common, such as Turkey.

Overall, 3.9% of women have unmet need for modern methods in Turkey.

Variations in the Level of Unmet Need for Family Planning

The level of the unmet need is a result of an inconsistency between current and future fertility preferences and contraceptive use. The needs of individuals who want to terminate childbearing or limit their fertility without using a contraceptive method are not fulfilled. The contraceptive use in Turkey, in particular the use of modern methods has increased regularly. As a result of the increase in contraceptive use, the share of women with unmet need for family planning decreased by almost one third from 15% to 6% between 1993 and 2013. However, this situation has changed recently: The extent of unmet need for family planning revealed by the findings of 2018 TDHS points out the high levels nearly 20 years ago (Figure 2).

The increase in unmet need for family planning is observed both in spacing and limiting needs. However, the increase in the percentage of unmet need among women who wants to terminate childbearing is more pronounced. In 2013, 3.3% of women has family planning needs to limit their fertility (HUIPS, 2014), while this refers to 7.6% of women in 2018.

Figure 2. The change in the level of unmet need for family planning over time

Percentage of currently married women age 15-49 who have unmet need for family planning by survey years

In the 5 years after 2013, the need for family planning among married women doubled. Taking into account the number of married women and the level of need in 2018, approximately 600,000 women need family planning for spacing purposes, and 1 million women have unmet need to limit their fertility.
In addition to understanding 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. Three key features are selected in this policy brief to understand the variations in the level of unmet need: age, parity and education. With this comparison made on three selected features, it is aimed to identify the group or groups marked by the large increase observed in the last 5 years.

**Unmet need by age**

When compared to the change of unmet need between women under 35 and over 35 years of age in the last 5 years, the increase in the latter group is more pronounced even if the level of unmet need has risen in each age group (Figure 3). With the increase of age, a larger proportion of women have reached the desired number of children. Therefore, unmet need among women over the age of 35 refers mostly to limit their fertility. This points out the fact that family planning services should primarily focus on women over 35 years of age.

**Unmet need by number of births**

Taking into account the replacement level fertility, women who have had 2 births and less are compared to those with 3 and more births (including current pregnancy at the time of survey) according to the change observed in women’s family planning needs in the last 5 years (Figure 4). In both groups, the total unmet need has nearly doubled. A notable finding of the change by number of births and type of need is that the level of unmet need for limiting increases to a greater rate among women who give at most 2 births with having unmet need for limiting than those in the other group.
Among the Syrian population under temporary protection in Turkey, approximately 135,000 women at reproductive ages have unmet need for family planning. 61,000 Syrian women in Turkey need family planning to space their births and 74,000 to limit their fertility.

Unmet need by education

According to the variation in the level of unmet need among women in different education categories, the most important finding observed is that the increase in unmet need is not unique to a group; it has almost doubled in each group. However, this increase marks the gap between women who have been uneducated/have not completed primary school education, and women being educated for a longer period. One in five disadvantaged women in terms of education has unmet need for family planning. The greater portion of this need refers to limiting purposes (termination of childbearing). The current level of unmet need among educated women, whom we expect to be most advantageous in accessing the services, is at a level similar to unmet need of uneducated women 5 years ago. Approximately half of women in reproductive ages in Turkey are those with primary and secondary education. In particular, it is useful to evaluate the increase in unmet need for family planning in this group not only as a percentage change, but also as a numerical size.

Different needs: spacing versus limiting

When classifying the Syrian migrant 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 20.8% of these women are in need of family planning, including 9.5% needs family planning to space births and 11.4% needs family planning to stop childbearing.
Another need: the need for modern methods

The use of traditional methods among Syrian women is more common than Turkish women in nationwide. Forty-three percent of Syrian migrant women are using traditional methods to avoid conception. Half of these women have stated that they want to use another method. **When focusing on women who are using a traditional method but prefer to use a modern method, 2.6% of married Syrian women in reproductive ages are regarded as having need for modern methods.**

*Those who are not sure if they want to have children other than fertile women or who are not sure when they want to have children are included in the group where the need for family planning necessary to make a break between births is not met.*
Unmet Need for Family Planning among Syrian Migrant Women in Different Socio-Demographic Groups

It is striking that the level of unmet need among Syrian women in Turkey is twice as the unmet need among Turkish women. In addition to the total need, the percentage of women with unmet family planning needs may increase even more according to age, parity and education.

Unmet need by age
The percentage of Syrian migrant women with unmet need for family planning is increasing with respect to age. **One in four Syrian women aged 35 and over needs family planning.** A prominent differentiation in age is related to the components of the need. While Syrian migrant women under the age of 35 mostly want to delay their fertility, women over the age of 35 want to limit their fertility (Figure 7).

Unmet need by number of births
The total unmet need for family planning increases by a small percentage according to increasing parity (Figure 8). Significant differentiation in parity regarding unmet need is related to the components of the need. **Women who have given 2 births or less (including their current pregnancy) want to postpone their fertility (13.4%) whereas women who have had 3 births or more (including their current pregnancy) want to limit their fertility (16.7%).**

Unmet need by education
The educational difference among Syrian migrant women did not result in a significant change in the level of unmet need (Figure 9). The level of unmet need for family planning is over 20% for women in all educational groups. The only notable differentiation is the higher unmet need for limiting among women who have been uneducated or have not completed primary school education when compared to those with higher education.

Figure 7. Unmet need for family planning according to age, 2018 TDHS Syrian Migrant Sample

Figure 8. Unmet need for family planning according to number of births, 2018 TDHS Syrian Migrant Sample

Figure 9. Unmet for family planning according to education, 2018 TDHS Syrian Migrant Sample
An important information in terms of planning family planning services is the future intentions of individuals not using any contraceptive methods currently but intending to use methods in the near future.

**Women’s demand for contraceptive method throughout Turkey**

Thirty percent of currently married women in reproductive ages do not use any contraceptive methods across Turkey. Approximately, half of the women in this group have stated that they want to use contraceptive methods in the near future. Intra-uterine device (IUD) and male condom are highly preferred methods.

**Figure 10.** Women who do not use contraceptive methods but planning to use a method in the future, Turkey, 2018 TDHS

**Syrian women’s demand for contraceptive method**

Fifty-seven percent of currently married Syrian women in reproductive ages do not use any contraceptive methods. Approximately half of the these women have stated that they want to use contraceptive methods in the near future. Among the preferred methods, IUD is the most common method.

**Figure 11.** Syrian women who do not use contraceptive methods but planning to use a method in the future, 2018 TDHS Syrian Migrant Sample

*Other modern methods include pill, injection, diaphragm, female sterilization, male sterilization and implant*
The unmet need for family planning, which has doubled over a five-year period, corresponds to approximately 1.6 million women at reproductive ages throughout the country. The identified groups in which the increase is significantly pronounced, point out the priority groups for service planning.

The increase in the percentage of women in need of family planning for limiting purposes is more pronounced overall in Turkey. This situation highlights the need for the long acting contraceptive methods.

Especially among women over the age of 35 who want no more children, the unmet need for family planning has increased.

The unmet need is not unique to women with many children. The increase in the unmet need among women having 2 or less births is more noticeable than the other groups.

One in five disadvantaged women in terms of education needs family planning. However, the increased need for family planning among educated women suggests the importance of reviewing the supply side of family planning services.

Among women using the traditional methods, there are women who want to use modern methods. Taking into account the universally supported goal of informed choices for contraceptive methods there is a need for a service delivery model in which women can be informed about methods and can have access to their preferred methods without leaving any woman behind.

Unmet need for family planning among Syrian migrant women is twice as high as that of Turkey and corresponds to approximately 135,000 women. Strengthening family planning services in migrant health centers is of great importance.

The need for family planning among Syrian women is met by traditional methods more. By providing information about modern contraceptive methods in health institutions, the use of modern methods should be supported based on the informed choices for contraceptive methods.

Due to the Covid-19 pandemic, disruptions arise in the provision of family planning services and the demand of individuals for health care. Ensuring uninterrupted access is also essential as the need for family planning services continues under all circumstances.

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