

Addressing Unintended Pregnancy in the Arab Region

Policy Brief 2019

Unintended pregnancy and unsafe abortion are serious public health issues in the Arab region that often go ignored, jeopardizing the health of women and families and placing a burden on society as a whole. Although family planning services have expanded in the region, and a growing number of women are using modern contraceptives. However, rates of unintended pregnancy remain high.

On average, two in five pregnancies are unplanned, and half of these unintended pregnancies result in abortion, which is illegal in Arab countries (except for Tunisia) and largely unsafe, putting women's lives and health at risk.^{1,2} Helping women avoid unintended pregnancy in the first place is key to reducing the need for abortion. Reducing unintended pregnancy also helps

improve women's reproductive health and reduce maternal and neonatal mortality and morbidity.

The challenge of addressing unintended pregnancy is real in the Arab region, where a significant number of married women of reproductive age still having an "unmet need"³ for family planning: they do not desire to have a child in the next two years, or at any point in the future, but are not using a modern contraceptive method. The underlying factors influencing this unmet need are complex, ranging from lack of access to information, services and commodities to lack of support from partners and communities.

Meeting the family planning needs of women affected by war and conflict is even more challenging. Health care services in these contexts are limited, and reproductive health care in particular is not adequately prioritized in humanitarian sit-

1 UNFPA/ASRO and MENA HPF, Addressing Unintended Pregnancy in the Arab region (December, 2018).

2 The World Health Organization (WHO) defines unsafe abortion as a procedure for terminating a pregnancy carried out by individuals lacking the necessary training or performed in an environment not conforming to minimal medical standards, or both.

3 Roudi-Fahimi, F., Monem, A. A., Ashford, L., & El-Adawy, M. (2012). Women's need for family planning in Arab countries. United Nations Population Fund Popul Ref Bur, 8-1.

uations where girls and women are particularly vulnerable and need special attention. There is also the issue of sheer numbers: the Arab region is home to the largest refugee and displaced population in the world, most of whom are women and children.

Arab countries are hugely diverse in terms of socioeconomic conditions and may therefore differ significantly in their priorities and capacity to deal with reproductive health issues, including unintended pregnancy and unsafe abortion. In 2012, per capita total expenditure on health ranged from \$2,030 in Qatar and \$1,430 in Kuwait to \$71 in Yemen, \$50 in Mauritania and \$40 in Comoros (see Table 1). These figures highlight the economic disparities between countries in the region.

Strong policy and financial commitments at both regional and national levels are necessary for family planning programs to succeed. Furthermore, family planning programs are more likely to be effective when communities are involved in promoting family planning, and when women are empowered to make decisions about their health, and to act on them.

Ensuring universal access to quality family planning information, services and methods of choice is necessary to help women avoid unintended pregnancy and potentially unsafe abortion. Efforts aimed at meeting women's family planning needs require a coordinated response on different fronts: health systems, communities and women themselves.

Strengthening Primary Health Care Systems

Rates of unintended pregnancy are generally higher in countries where health care systems are weaker and less likely to be able to meet demands for family planning services. However, the good news is that the goal of strengthening health care systems has risen high on the global development agenda. "Achieving universal health coverage" is a target under Goal 3 of the Sustainable Development Goals (SDGs), which were adopted by the UN General Assembly in 2015.

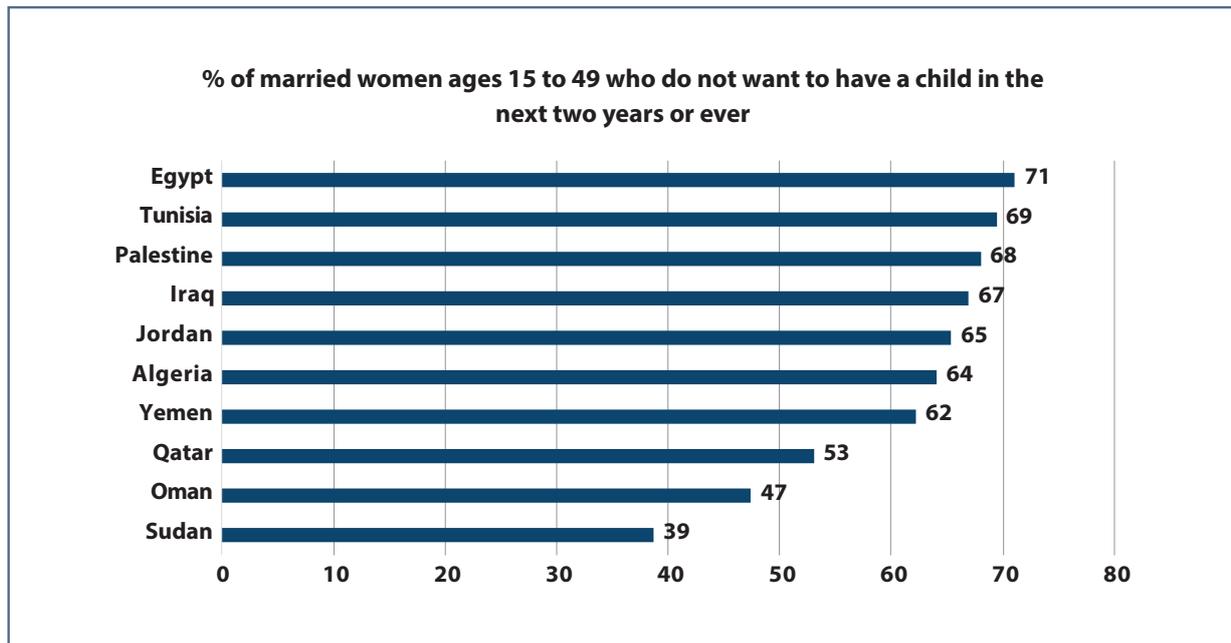
Goal 3 also addresses family planning. "Ensuring universal access to sexual and reproductive health care services, including family planning, information, and education, and the integration of reproductive health into national strategies and programs" by 2030 is another listed target.

In addition, Goal 3 calls on governments to "ensure healthy lives and promote well-being of all at all ages."⁴

Reducing poverty and ensuring environmental sustainability are at the heart of the SDGs. Arab governments have the opportunity to shape the role of family planning in achieving the SDGs and other development goals. By including family planning in their national development plans and strategies, governments can help accelerate their progress toward achieving universal access to voluntary family planning services, as well as many other SDG targets. This effort can help build a common understanding of the need for family planning services among policy-makers across different sectors, such as health, education and finance, ensuring their commitment to implementing the national plans aimed at making services accessible to all who need them. **Figure 1** shows the total need for family planning in select Arab countries.

⁴ For more on the 17 SDGs, see <https://www.undp.org/content/undp/en/home/sustainable-development-goals.html>.

Figure 1 – Total Need for Family Planning



Source: Numbers are derived from Population Reference Bureau's 2019 Family Planning Data Sheet.

Integrating family planning into the primary health care system is key to making family planning resources and services accessible to all. Integration into maternal and child health care services is particularly important, as health providers within these services have the opportunity to counsel women and couples on family planning and modern contraceptive methods.

For the integration to be effective and sustainable, governments should ensure that including line item for contraceptives:

- The family planning program has a separate line item in the government's health budget. National programs often compete over limited budgets, and allocating funds for family planning at the outset safeguards the program from being ignored or downsized.
- Family planning is included in medical, midwifery and nursing schools' curricula, for both male and female students. It is more cost-effective to provide the training to health workers while they are still in school than to train them on the job.
- Both in school and on the job, family planning providers are given training to strengthen their communication skills, so that they can meet their clients'

individual needs. Negative attitudes of health care providers and low quality of health services may deter women from using the services. Providers should be trained to give women correct information on contraceptive methods, especially on side effects and how to manage them.

- In their practice, providers need to be mindful of women's childbearing preferences. Women who wish to delay a pregnancy should be informed about and offered temporary or reversible family planning methods, and those who do not desire children should have access to long-term methods. Interpersonal relations between clients and health providers are an important aspect of quality of care. Training should also tackle how to involve men in family planning decisions and practices, as well as how to provide care to young people.
- Private and public partnership coordination in the health sector is promoted, to help ensure that family planning commodities and services are universally available and accessible to all who need them. Expanding the role of the private sector in communities where families can afford to pay for family planning services gives the public sector the opportunity to better serve less privileged individuals and communities. Insurance companies must be encouraged to include family planning services as part of their primary health care coverage.

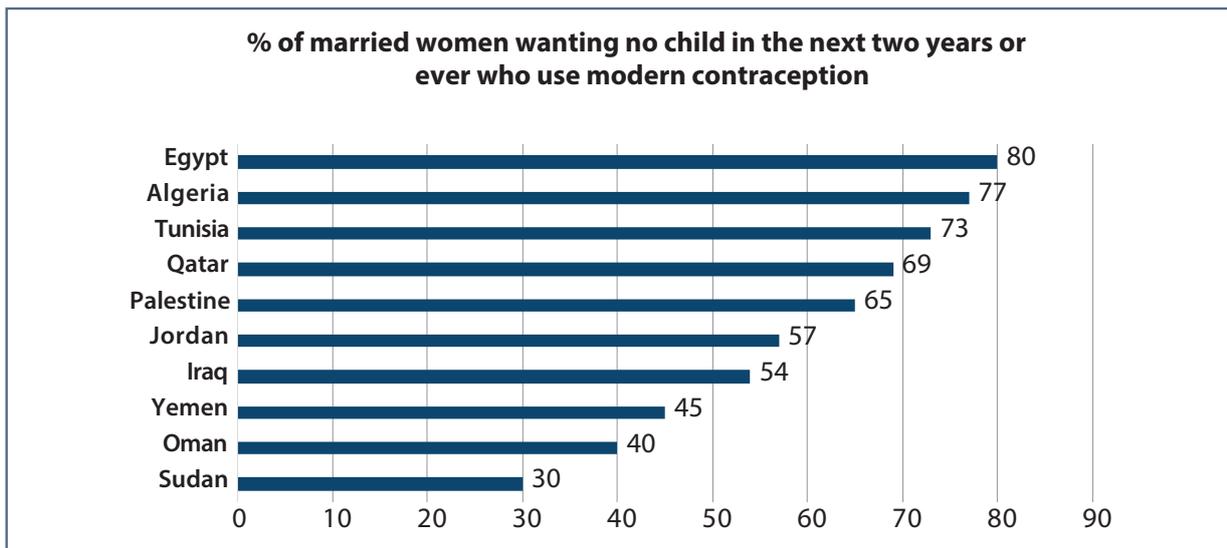
- There is no stock-out of contraceptives, and women and couples have consistent access to the method of their choosing. Contraceptive security—forecasting, procurement, warehousing and distribution—is crucial to the success of any family planning program.

Figure 2 shows the percentage of family planning needs met by using modern methods in select Arab countries. Unsurprisingly, Yemen and Sudan fall at the bottom of the chart, with 45% and 30% of their needs met by using modern contraception, respectively. Both countries have been through serious challenges that have weakened their health care systems, and, in addition, the majority of their populations still live in rural areas. It is surprising,

however, to see Oman between these countries, given that it has a good primary health care network and coverage. This result suggests that Oman could increase the use of modern contraception by fully integrating family planning services into its primary health care system.

Arab countries should work to reduce unmet need by addressing both the demand for and supply of family planning services. Governments and nongovernmental organizations can help remove social and economic barriers, expand coverage, and improve the quality of family planning information and services.

Figure 2 – Percent of Need for Family Planning Satisfied by Modern Methods



Source: Population Reference Bureau, 2019 Family Planning Data Sheet.

Engaging Communities

Communities can help or hinder women’s access to family planning in many ways; her ease of access to services, for example, can be dependent on her household’s wealth, and her family’s and community’s attitudes toward family size and contraceptive use. Family planning programs should aim to remove barriers by reaching out to broader audiences, such as religious and community leaders, and using the media to advocate for and raise

awareness of the benefits of family planning and responsible parenthood.

Communities can also help address such issues as women’s status, as well as myths and misconceptions about contraception. In addition, engaging community leaders in the development of family planning programs allow them to have a wider reach.

Raising awareness within the community of the benefits of girls' education to both girls themselves, and to their future families, can encourage families to keep their daughters in school and out of the marriage market. More educated women are more likely to work for wages, which can help them seek family planning services more easily. The benefits of girls' education reach the community at large, creating a pool of future teachers and health provider, and potential women leaders

In addition, international experiences have shown that family planning providers are more successful in reaching out to women and meeting their needs when they are local. They are also less likely to leave their jobs. Continuity on the job and knowing the community help improve the quality of the services.

Empowering Girls and Women

Globally, it is well established that girls' education is key to women's empowerment. As with other aspects of women's lives, the desire and ability to practice family planning are affected by other socioeconomic characteristics, including their husbands' education and their household income. More educated women are generally more aware of their family planning options and better able to navigate the path to receiving services that suit their needs.

Women's ambivalence about contraception is a major factor that needs to be addressed to prevent unintended pregnancies. This ambivalence can be explained by fatalistic attitudes common in the Arab region, and by women's subordinate position in the family and in society.

Gender equality is Goal 5 of the SDGs, to which governments have made commitments. Among its targets are:

- Ending all forms of discrimination against all women and girls everywhere.
- Ensuring universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Pop-

ulation and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

- Adopting and strengthening sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels.

In the family-centered cultures of Arab countries women are expected to marry, and to have a child early in the marriage, regardless of their socioeconomic background. Indeed, the lowest rates of contraceptive use are among women who have no children, and nearly all their pregnancies are wanted. After the birth of the first and second child, the likelihood that a married woman will practice family planning increases. In most Arab countries, unmet need for spacing is higher than unmet need for limiting family size. In Egypt, however, unmet need for limiting family size is twice that of unmet need for spacing.⁵

Overall, poor women with limited or no education are more likely to have unmet need than their better-off counterparts, and they are less likely to be empowered to make decisions affecting their health.

⁵ Population Reference Bureau's 2019 Family Planning Data Sheet.

Closing the Gaps

The motto of the SDGs is “leaving no one behind.” To achieve this, family planning policies, strategies and programs should be guided by the goal of closing gaps between different population groups, such as rural versus urban, married versus unmarried, and poor versus rich. Women from poorer segments of society are at higher risk of unintended pregnancy and unsafe abortion, as they are less likely to have the knowledge, power and means to seek reproductive health services. Countries can reduce unintended pregnancy by narrowing gaps in modern contraceptive use among women, to eliminate disparities based on age or economic, social, marital or legal status.

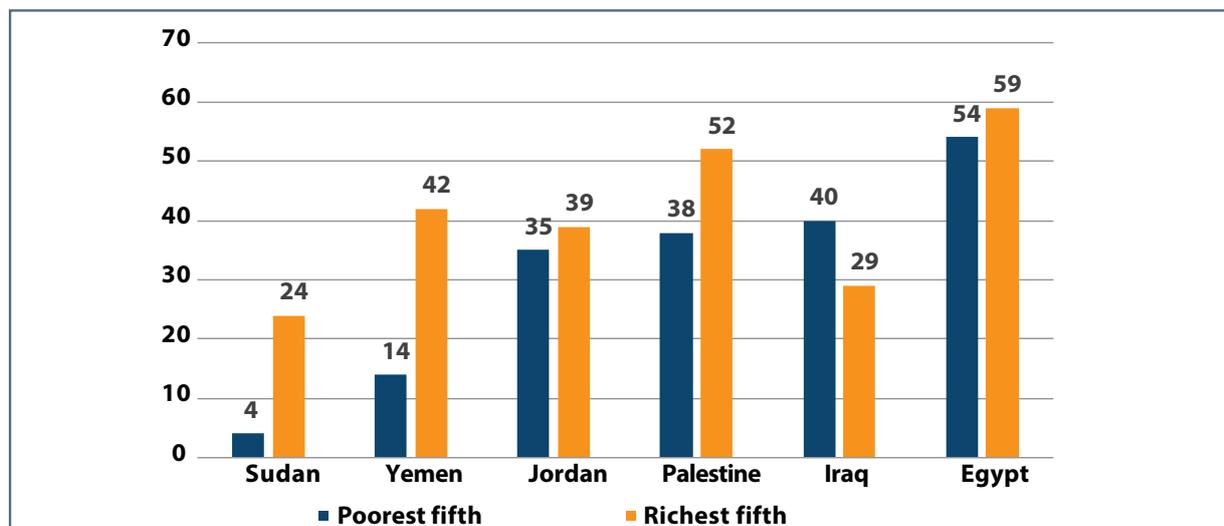
Women are generally served better in urban areas, where health systems are typically stronger and the private health sector is more active, and where more privileged and educated segments of society live. Also, women in urban areas are more likely to work for wages. Having income of their own and social protection mechanisms helps them to overcome financial barriers that they might otherwise face in accessing family planning services. National family planning programs should, therefore, prioritize coverage in rural areas.

Closing the gap between rural and urban areas in unmet need for family planning is challenging for countries with large populations and vast geography to cover, but can be achieved when primary health care is universal and family planning services are fully integrated into the primary care system.

Gaps among population groups are generally wider in countries where the overall use of modern contraceptives is lower. In Sudan, only 4% of married women of reproductive age (15-49) belonging to the poorest fifth of the population use modern contraception, as compared to 24% of their counterparts in the richest fifth of the population; these figures for Yemen are 14% versus 42% (see **Figure 3**).⁵

Young people are a major segment of the Arab population, yet they are largely left behind, and do not receive adequate age-appropriate family planning information and services. Too little is known about their needs and, as a result, hardly any attempt has been made to meet these needs. Family planning programs can benefit from information about young people’s knowledge, attitudes and practices before marriage. Non-governmental organizations can play a key role in working with communities and collecting such data to inform policies and programs.

Figure 3 – Percent of Married Women Ages 15 to 49 Who Use Modern Contraceptive, by Wealth Quintile



Note: Wealth quintiles (five groups of equal population size) are based on an index of surveyed household assets. Data are only shown for the first (poorest) and the fifth (richest).

Source: Population Reference Bureau, 2019 Family Planning Data Sheet.

Knowing is Half the Battle

Family planning policies and programs must be informed by evidence. Relevant data must be collected, analyzed and made available to decision-makers in a timely manner and in user-friendly formats, to help them understand the size and main causes of unmet need in their countries. Communicating the key findings to decision-makers should be an ongoing effort not only because new data may become available, but also because Arab countries frequently experience a high turnover of government officials faced with competing priorities.

Policy-makers need to understand the current size of the “market” for family planning—that is, what the need for contraception would be if all married women acted on their stated preferences—as well as what it is going to be in the future. The need for family planning information, commodities and services is growing throughout the region as the number of women of childbearing age grows, and as couples increasingly prefer smaller families. The number of women of reproductive age is increasing rapidly in many countries. According to the UN Population Division’s population projections, the fastest growth will be in the countries of Somalia, Syria, Mauritania, Sudan, Yemen and Iraq, where the number of women aged 15 to 49 is expected to increase by around 50% or more between 2015 and 2030.

Arab countries have a wealth of experiences that can be exchanged and also a lot can be learned from other countries beyond the Arab region - including Turkey, Indonesia, and Malaysia - that have had significantly improved on addressing the unmet needs of their populations’ for family planning. Their experiences showed that committed policy and financial support, accessible family planning services and demand generation can ensure that the uptake in modern contraceptive use is expedited.^{7,8}

In conclusion, addressing unintended pregnancy—and thus unsafe abortion—requires high-level

political and financial commitment and a coordinated effort among government agencies, as well as input from civil society. It must be remembered that family planning is critical for the health of women and their families, and can accelerate a country’s progress toward achieving its development goals.

Table 1: Per Capita Expenditure on Health in Arab Countries, 2012

Region and Country	Per Capita Total Expenditure on Health	Per Capita Government Expenditure on Health
	*\$US	*\$US
Mashreq		
Egypt	150	60
Iraq	230	120
Jordan	390	240
Lebanon	680	260
Palestine	--	--
Syria	110	50
Maghreb		
Algeria	280	230
Libya	580	450
Morocco	190	60
Tunisia	300	180
Gulf Cooperation Council		
Bahrain	900	640
Kuwait	1,430	1,180
Oman	690	560
Qatar	2,030	1,700
Saudi Arabia	800	520
United Arab Emirates	1,340	910
Least Developed		
Comoros	40	20
Djibouti	130	80
Mauritania	50	30
Somalia	--	--
Sudan	110	30
Yemen	70	20

Notes: * At average exchange rate. Numbers are rounded to the nearest \$10. -- No data available.

Source: UNdata, a World of Information. Accessed on March 25, 2019, at <http://data.un.org>.
http://data.un.org/Data.aspx?q=per+capita+expenditure+on+health&d=WHO&f=MEASURE_CODE%3aWHS7_156
http://data.un.org/Data.aspx?q=per+capita+expenditure+on+health&d=WHO&f=MEASURE_CODE%3aWHS7_104

7 Farzaneh Roudi, *Iran’s Family Planning Needs: Responding To A Nation’s Needs* (2002). https://www.prb.org/wp-content/uploads/2016/09/IransFamPlanProg_Eng.pdf

8 United Nations, Department of Economic and Social Affairs, Population Division (2017). *World Family Planning 2017 - Highlights* (ST/ESA/SER.A/414).

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