

**AT A GLANCE**

An estimated 2.8 million Guinean women will be of reproductive age in 2015.

The total fertility rate in Guinea is 5.7 lifetime births per woman.

At the time of the most recent Demographic and Health Survey (DHS), in 2005, 9.1% of married women of reproductive age were using some form of contraception, with 5.7% using a modern method of family planning.

Twenty-one percent of married women of reproductive age have an unmet need for contraception.

Less than 1% of the current demand for family planning is met by use of the most effective methods.

About 14% of pregnancies are wanted later or not at all.

**MEETING PEOPLE'S NEEDS WITH LA/PMs**

**CURRENT TRENDS WILL NOT MEET DEMAND**

The Government of Guinea's goal is to meet unmet need and reach a contraceptive prevalence rate (CPR) of 30.3% by 2015. Achieving this goal is fundamental to meeting national development goals and to helping women and families achieve their desired family size.

However, Guinea faces a daunting challenge. Family planning use increased from 6.2% in 1999 to only 9.1% in 2005. The proportion of women with an unmet need for family planning is double that of women whose needs are currently met, with 21.2% of married women having an unmet need for family planning. Meanwhile, the population continues to grow; by 2015, Guinea will have approximately 200,000 more married women of reproductive age than it has today, a 10% increase in just three years. To meet the 2005 level of demand by 2015, more than 660,000

women would need to be using a family planning method in 2015, an increase of 510,000 over the number of users served in 2005.

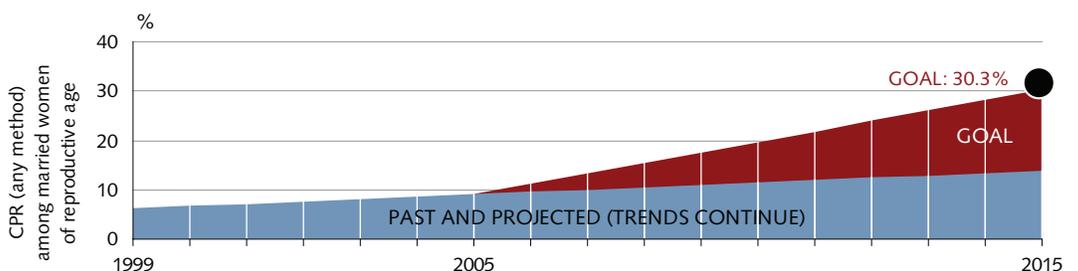
Yet if the trends from 1999 to 2005 were to continue, by 2015 Guinea would reach a CPR of 13.9%, with 304,000 family planning users—less than half of what it would take to meet demand (see Figure 1).

**LA/PMs—A SMART PROGRAMMATIC INVESTMENT**

Long-acting methods (IUDs and implants) and permanent methods (female sterilization and vasectomy) are the most effective of all family planning methods. However, use of these long-acting and permanent methods (LA/PMs) remains low in Guinea, at 5% of the modern method mix. If 25% of current oral contraceptive users switched to implants today, over the next five years those women would experience 3,200 fewer unintended pregnancies.

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**FIGURE 1: MEETING DEMAND IN GUINEA<sup>1</sup>**



<sup>1</sup> Sources: 1999 and 2005 Demographic and Health Surveys, and Reality √ projections for intervening and future years.

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**HELP PEOPLE ACHIEVE THEIR  
REPRODUCTIVE INTENTIONS**

LA/PMs have an important role to play and offer multiple benefits to programs, women, and couples. Though IUDs and hormonal implants are the most effective methods for women who want to space their births, these methods are underutilized in Guinea, where the need for spacing births is met only by short-acting and traditional methods (see Figure 2). Among women and couples who do not want any more children, only a small proportion use LA/PMs, and many rely on traditional methods. Greater access to correct information and to LA/PM services would enable people to meet their changing needs as they progress through their reproductive lives.

LA/PMs are vital to helping couples to space or limit births to achieve their desired family size. The gap between these intentions and actual family planning use could be closed by enhancing awareness of LA/PMs, correcting misinformation about them, and expanding method choice by increasing their availability.

**RESPOND TO GUINEA'S NEEDS**

EngenderHealth can support the Ministry of Health and implement-

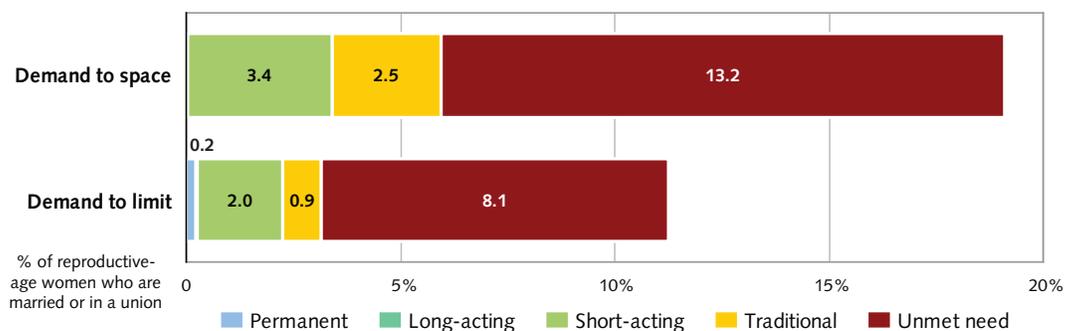
ing partners of the U.S. Agency for International Development to improve reproductive health in Guinea by applying a holistic programming approach that results in:

- Skilled, motivated, and well-supported LA/PM service providers
- Engaged communities equipped with accurate information about LA/PMs and a positive image of LA/PM services and users
- An improved policy and program environment for reproductive health services

Possible interventions include technical assistance to:

- Develop strategies to support the use of female sterilization, IUDs, and implants to expand method choice
- Develop strategies to expand family planning access to rural and underserved areas
- Strengthen family planning program planning by training partners in Reality  $\checkmark$ , a user-friendly Excel-based tool for planning and advocacy
- Conduct formative research to determine the barriers to family planning use, including a male involvement component

**FIGURE 2: GUINEA'S DEMAND FOR CONTRACEPTION (MET AND UNMET NEED)<sup>2</sup>**



<sup>2</sup> Source: 2005 Demographic and Health Survey.