

AT A GLANCE

An estimated 3.1 million Malian women will be of reproductive age in 2015.

Mali's total fertility rate is 6.6 lifetime births per woman.

8.2% of women of reproductive age who are married or in a union currently use some form of contraception.

6.9% use a modern FP method.

31.2% of married women of reproductive age have an unmet need for contraception.

Addressing unmet need could avert more than 1,500 maternal deaths and over 143,000 child deaths by 2015.¹

Only 1.3% of the total demand for FP is met by use of the most effective methods.

17% of all pregnancies are unintended.

MEETING NATIONAL GOALS AND PEOPLE'S NEEDS WITH LA/PMs

CURRENT TRENDS WILL NOT MEET NATIONAL GOALS

For the Government of Mali to fulfill its population's unmet need for family planning (FP) services in support of the fifth Millennium Development Goal (MDG), it would need to reach a contraceptive prevalence rate (CPR) of 39.5% by 2015. Achieving this goal is fundamental to slowing the nation's population growth, meeting national development goals, and helping its citizens achieve their reproductive health intentions.

Yet Mali faces a daunting FP challenge. Use of modern contraception remains low, at less than 7% of currently married women, while unmet need for FP is high, at 31.2%—more than four times current use levels. Meanwhile, the population continues to grow; by 2015, Mali will have approximately 560,000 more women of reproductive age than today, an 18% increase in just five years. To reach the CPR in support of the fifth MDG, more than 1.2 million women will need to be using modern contraceptives.

Yet if the trend in contraceptive use from 2001 to 2006 were to continue, by 2015

Mali would reach a total CPR of 8.4%, with only 259,000 FP users—less than one-quarter of what it will take to fulfill the fifth MDG. (See Figure 1, below.)

LA/PMs—A SMART PROGRAMMATIC INVESTMENT

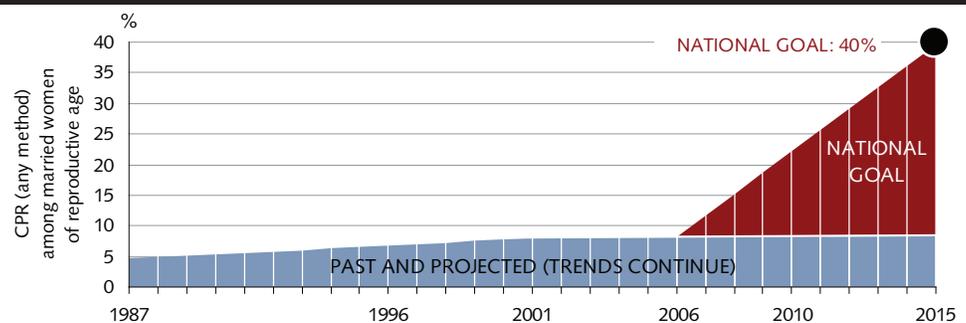
Long-acting methods (IUDs and hormonal implants) and permanent methods (female sterilization and vasectomy) are the most effective of all FP methods. However, use of long-acting and permanent methods of contraception (LA/PMs) in Mali remains low, at 6% of the overall method mix. **If only 20% of current oral contraceptive users (15,000 women) were to switch to the IUD or implant, nearly 4,000 unintended pregnancies could be averted over a five-year period.**²

HELP PEOPLE ACHIEVE THEIR REPRODUCTIVE INTENTIONS

Long-acting methods are suitable for all categories of women and can enable them to securely and conveniently fulfill any reproductive intention, whether delaying a first birth or spacing or limiting subsequent births;

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FIGURE 1: MEETING DEMAND IN MALI³



¹ U.S. Agency for International Development/Health Policy Initiative. 2009. *Achieving the MDGs: The contribution of family planning—Mali*. Washington, DC.

Accessed at: www.usaid.gov/our_work/global_health/pop/techareas/repositioning/mdg_pdf/mali.pdf.

² Calculation based on methodology described in Hubacher, D., et al. 2007. Contraceptive implants in Kenya: Current status and future prospects. *Contraception* 75(6):468–473.

³ Sources: 1987, 1996, 2001, and 2006 Demographic and Health Surveys, and Reality √ projections for intervening and future years.

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permanent methods are appropriate for those who have reached their desired fertility. Though IUDs and hormonal implants are the most effective methods for women who want to space births, in Mali such women are more than nine times as likely to use traditional methods as they are to use long-acting methods. (See Figure 2, below.) Among women and couples who do not want any more children, nearly as many use LA/PMs as rely on traditional methods.

Knowledge of FP in Mali is low; a quarter of women are unable to name a single modern FP method, and awareness of long-acting methods is half that of the pill and injectables.⁴ A recent analysis found that at the community level, FP use was five times higher in Malian communities where women were exposed to FP messages than in places with no such exposure.⁵ The gap between couples' intentions and their FP use could be closed by increasing awareness of LA/PMs, correcting misinformation about them, and increasing their availability.

RESPOND TO MALI'S NEEDS

The RESPOND Project can help the Ministry of Health and the U.S. Agency for International Development Mission's implementing partners to expand the method mix in Mali through a holistic programmatic approach that results in:

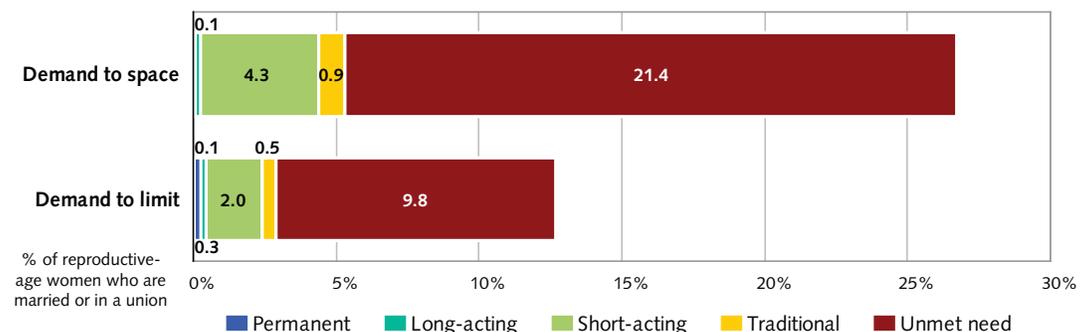
- Skilled, motivated, well-supported LA/PM service providers

- Engaged communities and accurate information about LA/PMs, not only to increase knowledge, but also to improve the image of LA/PM services and users
- An improved policy and program environment for FP services

Some possible interventions include technical assistance to:

- Support strategies to expand access to IUDs and implants, including introducing Sino-implant (II) and planning for removals
- Strengthen contraceptive security to help ensure that contraceptive supplies meet the growing demand for family planning
- Develop strategies to expand FP access to rural areas (e.g., community-based approaches and mobile services)
- Improve FP program planning using Reality √, a cutting-edge forecasting, planning, and advocacy tool that generates realistic, evidence-based service, training, and commodity projections
- Support interventions to strengthen the FP component of postabortion and postpartum care services
- Conduct formative research in areas such as use dynamics, equity, and male involvement, to understand barriers to and decision making around FP and LA/PM use
- Contribute to a behavior change communication strategy for addressing barriers to use of modern FP methods for men, women, and opinion leaders

FIGURE 2: MALI'S DEMAND FOR CONTRACEPTION (MET AND UNMET NEED)⁴



⁴ Cellule de Planification et de Statistique du Ministère de la Santé (CPS/MS), Direction Nationale de la Statistique et de l'Informatique du Ministère de l'Économie, de l'Industrie et du Commerce (DNSI/MEIC), et Macro International Inc. 2007. *Enquête Démographique et de Santé du Mali 2006*. Calverton, Maryland, USA: CPS/DNSI and Macro International Inc.

⁵ Kaggwa, E. B., Diop, N., and Storey, J. D. 2008. The role of individual and community normative factors: A multilevel analysis of contraceptive use among women in union in Mali. *International Family Planning Perspectives* 34(2):79-88.