



Family Planning Unmet Need among Women Attending Primary Healthcare

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Abstract

Background: Family planning (FP) is an essential primary healthcare intervention that protects mothers and their unborn children's lives, gives women agency, and supports their decisions about their health, participation in public life, and further education. The purpose of this research was to evaluate the unmet demand and need for family planning. **Methods:** This cross-sectional study, which had 300 participants, comprised all presently married women between the ages of 18 and 45 who were living with their spouses and had at least one kid. Women were interviewed using a validated questionnaire that was expressly created for this research. **Results:** Higher age, low level of education, wives of husbands who not working, and insufficient family income were substantially greater among married women with unmet need of FP ($P < 0.05$). Multiple regression analysis shows that not enough income, primary & below and intermediate & secondary levels of education of either husband or woman were significant predictors for unmet need for FP among married women. **Conclusions:** Lack of awareness about family planning options, difficulty accessing family planning options, and adverse effects from prior contraceptive usage are the main deterrents to taking contraceptives. Predictors factors that affect FP were higher age, low level of education, wives of husbands who not working, and insufficient family income.

KeyWords: Family planning, Family income, Contraceptives, Pregnancy, Unmet need.

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Introduction:

Family planning (FP) is an essential primary healthcare intervention that protects mothers and their unborn children's lives, gives women agency, and supports their decisions about their health, participation in public life, and further education. Additionally, FP is seen as a short-term intervention to control population increase and address issues with overpopulation. [1]. Around 63% of women worldwide between the ages of 15 and 49 years old used some kind of contraception in 2017, with prevalence rates around 70% in the majority of industrialized nations [2].

Without utilizing contraception, women run the risk of having unplanned pregnancies, endangering their health, the health of their families, and burdening society as a whole. Although studies have shown that unwanted pregnancies are linked to worse health outcomes for both mother and child, couples nonetheless enjoy children born of unexpected pregnancies just as much as children born of planned pregnancies. [3]. Health concerns for the woman and her unborn children have been identified in pregnancies that are too early, too late,

close together, or many. Unwanted pregnancies increase a woman's likelihood of delaying or receiving insufficient prenatal care, which may be harmful to both the mother's and the unborn child's health. [4]. In addition, unwanted pregnancies put mothers and their unborn children at a greater risk of sickness since these children are more likely to have low birth weights, breastfeed for shorter periods of time, and have developmental issues. [5]

Because it is based on the women's own statements in response to survey questions and it indicates the group most likely to be interested in contraception but who do not use it, the unmet need may be a potent idea for FP programs. The difficulty is in getting these women's attention from FP. [6]. According to studies, the incidence of contraceptive usage is negatively correlated with the overall fertility rate of a country. [7, 8]. The overall rapid change in the sociodemographic makeup of the Saudi Arabian community, particularly the changes affecting women's employment and education, will play a significant role in altering conceptional attitudes and practices, leading to an increase in birth spacing and, as a result, the use of contraceptives. [9].



The studies show that lack of information, ambivalence about future parenthood, disapproval of family planning, fear of adverse effects and low risk of conception, the cost of contraceptives and their unavailability are among the reasons why women with unmet needs do not intend to use contraception. [10, 11]. According to the International Conference on Population and Development, having the choice to choose when and how many children to have been a fundamental reproductive and human right. [12]. In the United Nations' 2015 Millennium Development Goals (MDGs), family planning was cited as a crucial component of reproductive health care. [13, 14]. Therefore, the goal of this research was to assess the demand for and unmet need for family planning.

Patients and Methods:

This cross-sectional study, which had 300 participants, comprised all presently married women between the ages of 18 and 45 who were living with their spouses and had at least one kid. The patients provided signed permission after being fully briefed. After receiving the Ethical Committee's clearance.

Women who were divorced, widowed, or older than the reproductive age were not eligible.

Study tool:

For the purpose of this research, a validated questionnaire that had been predesigned was utilized to interview women. The questionnaire included three main sections; Age, domicile, education of the wife and the husband, employment status of the wife, husband's profession, and family income are among the sociodemographic variables of the participating women, according to Fahmy et al.'s [15]. System of social and economic evaluation, family planning; this included the number of living children, the type of family, parity, the family planning method currently being used and its type, planning for a future pregnancy, the recommended amount of time before the next pregnancy, and suggested reasons for stopping FP. Women's perspectives on the unmet need and the decision-makers who chose not to use family planning methods were also recorded.

Statistical analysis:

IBM Inc., Chicago, Illinois, USA, utilized SPSS v28 to conduct the statistical study. The unpaired Student's t-test was utilized to compare quantitative data between the two groups. Quantitative variables were provided as mean and standard deviation (SD). When applicable, qualitative variables were analyzed utilizing the

Chi-square test or Fisher's exact test and provided as frequency and percentage (%). Statistical significance was defined as a two tailed P value <0.05. A statistical method called multiple regression may be utilized to examine the connection between a single dependent variable and a number of independent factors.

Results:

This study included 300 currently married women; their mean age was 31.2 ± 7.86 years, 203 (67.67%) women were from rural area and 96 (32%) women were from urban area. Regarding parity, 121 (40.3%) women had not given birth yet, 79 (26.3%) women had 1-2 and 100 (33.3%) women had 3-4. Among the studied women, 251 (83.67%) women were from nuclear family and 49 (16.33%) women were from extended family. Regarding the education level of the husband, was primary & below in 9 (3%) cases, intermediate & secondary in 129 (43%) cases and bachelor & above in 162 (54%) cases, while the education level of the woman, was primary & below in 14 (4.67%) cases, intermediate & secondary in 102 (34%) cases and bachelor & above in 184 (61.33%) cases. In our study, the husband had an occupation in 270 (90%) cases and 120 (40%) women had an occupation. 225 (75%) women had unmet need for FP, their family income was enough in 40 (17.8%) cases, not enough in 72 (32%) cases and 113 (50.2%) cases were saving. Table 1

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Table 1: Patient characteristics of the married women

		Patients (n = 300)
	Age (years)	31.2 ± 7.86
Residence	Rural	203 (67.67%)
	Urban	96 (32%)
Parity	0	121 (40.3%)
	1-2	79 (26.3%)
	3-4	100 (33.3%)
Type of family	Nuclear	251 (83.67%)
	Extended	49 (16.33%)
Husband education	Primary & below	9 (3%)
	Intermediate & secondary	129 (43%)
	Bachelor & above	162 (54%)
Woman education	Primary & below	14 (4.67%)
	Intermediate & secondary	102 (34%)
	Bachelor & above	184 (61.33%)
Husband occupation	Yes	270 (90%)
	No	30 (10%)
Woman occupation	Yes	120 (40%)
	No	180 (60%)
Unmet need	Yes	225 (75%)
	No	75 (25%)
		Patients (n = 225)
Family income	Enough	40 (17.8%)
	Not enough	72 (32%)
	Save	113 (50.2%)

Data are expressed as mean ± SD or frequency (%). Regarding the unmet need type, 150 (66.7%) cases were spacers, and 75 (33.3%) cases were limiters. Among women who had unmet need, the education level of their husband was primary & below in 9 (4%) cases, intermediate & secondary in 119 (52.89%) cases and bachelor & above in 97



(43.11%) cases, while the education level of the woman herself was intermediate & secondary in 96 (42.67%) cases and bachelor & above in 129 (57.33%) cases. The husband had an occupation in 114 (50.67%) cases and 93 (41.33%) women had an occupation. 86 (38.22%) cases had a desire in future pregnancy. Causes of discontinuation of contraception use were desire for pregnancy in 60 (26.7%) cases, bleeding in 74 (32.9%) cases, forgetting in 29 (12.9%) cases, method failure in 50 (22.2%) cases and 12 (5.3%) cases had other causes. Table 2

Table 2: Unmet need for FP among married women

Unmet need type	Patients (n = 225)	
Husband education	Spacer	150 (66.7%)
	Limiters	75 (33.3%)
	Primary & below	9 (4%)
Women education	Intermediate & secondary	119 (52.89%)
	Bachelor & above	97 (43.11%)
	Primary & below	0 (0%)
Husband occupation	Yes	96 (42.67%)
	No	129 (57.33%)
	Yes	129 (57.33%)
Woman occupation	No	96 (42.67%)
	Yes	129 (57.33%)
	No	132 (58.67%)
Causes of discontinuation of contraception use	Desire in future pregnancy	86 (38.22%)
	Desire for pregnancy	60 (26.7%)
	Bleeding	74 (32.9%)
	Forget	29 (12.9%)
	Method failure	50 (22.2%)
	Others	12 (5.3%)

Data are expressed as mean ± SD or frequency (%).

The Women's views of the cause of not using FP were due to lack of knowledge of FP method in 43 (19.11%) cases, lack of access to FP method in 37 (16.44%) cases, past experience of side effect in 29 (12.89%) cases, religious prohibition in 38 (16.89%) cases, husband opposed in 27 (12%) cases, lactational amenorrhea in 23 (10.22%) cases and 28 (12.44%) women gave a non-specific answer. Table 3

Table 3: Women's views of the cause of not using FP

	Patients (n = 225)
Lack of knowledge of FP method	43 (19.11%)
Lack of access to FP method	37 (16.44%)
Past experience of adverse effect	29 (12.89%)
Religious prohibition	38 (16.89%)
Husband opposed	27 (12%)
Lactational amenorrhea	23 (10.22%)
Non-specific answer	28 (12.44%)

Data are expressed as mean ± SD or frequency (%). FP: family planning

The decision maker for not using FP was the woman herself in 55 (24.44%) cases, the husband in 56 (24.89%) cases, both in 55 (24.44%) cases and 59 (26.22%) cases gave no answer. Table 4

Table 4: Decision makers for not using FP

	Patients (n = 225)
Woman herself	55 (24.44%)
Husband	56 (24.89%)
Both	55 (24.44%)
No answer	59 (26.22%)

Data are expressed as mean ± SD or frequency (%). FP: family planning

Higher age, low level of education, wives of husbands who not working, and insufficient family income were significantly higher among married women with unmet need of FP (P<0.05). Table 5

Table 5: Predictors of unmet need of FP among married women

	Unmet need (n=225)	Met need (n=75)	P value
Age	32.40 ± 8.1	29.1 ± 5.2	0.001*
Husband education	Primary & below	0 (0%)	<0.007*
	Intermediate & secondary	119 (52.89%)	
	Bachelor & above	97 (43.11%)	
Women education	Primary & below	0 (0%)	<0.001*
	Intermediate & secondary	96 (42.67%)	
	Bachelor & above	129 (57.33%)	
Husband occupation	Yes	195 (96.7%)	<0.001*
	No	30 (13.3%)	
Woman occupation	Yes	93 (41.33%)	0.414
	No	132 (58.67%)	
Family income	Enough	40 (17.8%)	<0.001*
	Not enough	72 (32%)	
	Save	113 (50.2%)	

Data are expressed as mean ± SD or frequency (%). FP: family planning

Multiple regression analysis shows that not enough income, primary & below and intermediate & secondary levels of education of either husband or woman were significant predictors for unmet need for FP among married women. Table 6

Table 6: Multivariate regression of factors for married women's unmet demand for FP

	Coefficient	SE	t	P	
Age (years)	<25	0.001	0.001	0.395	0.693
	25-35	0.010	0.003	0.397	0.715
	>35	0.021	0.050	0.402	0.633
Family income	Enough	0.080	0.007	0.712	0.516
	Not enough	0.267	0.012	21.142	<0.001*
	Save	0.014	0.002	0.912	0.424
Husband education	Parity	0.009	0.020	0.384	0.125
	Primary & below	0.312	0.034	5.112	<0.001*
	Intermediate & secondary	0.264	0.054	3.136	<0.001*
	Bachelor & above	-0.010	0.031	-1.223	0.312
Women education	Primary & below	0.269	0.065	3.964	<0.001*
	Intermediate & secondary	0.101	0.024	4.255	<0.001*
	Bachelor & above	-0.025	0.023	-1.039	0.299

FP: family planning, SE: standard error, *: statistically significant as P value <0.05

Discussion:

Family planning is a multidimensional behavior that has to be improved in a variety of ways. [15]. In general, low prevalence rates of contraceptive usage may be caused by FP services being unavailable or inaccessible. [16]. Investigating the incidence and associations of unmet FP need was the goal of this investigation.

Letamo et al. [17] in their study revealed that Married women's unmet demand for modern contraception was 9.6% in 2007, which is low by African standards. Women in Botswana have access to a wide variety of contraceptive options, which contributes to the low level of unmet demand in that country. Actually, it is the lowest in Southern Africa. In Abha (Saudi Arabia), the rate was 32.6% [18]. In Zambia and Ethiopia, a prevalence rate of 20% and 16.2% has been reported,



respectively [19, 20]. In Botswana, a prevalence rate of 9.6% in 2007 has been found [17]. In other Southern African nations, the unmet demand for contraception varied from 15.5% in Zimbabwe in 2006 to 26.6% in Zambia in 2007. Cameron's rate was 17.4%. [21].

We found that regrading unmet need for FP the unmet need type, 150 (66.7%) cases were spacers, and 75 (33.3%) cases were limiters. Among women who had unmet need, the education level of their husband was primary & below in 9 (4%) cases, intermediate & secondary in 119 (52.89%) cases and bachelor & above in 97 (43.11%) cases, while the education level of the woman herself was intermediate & secondary in 96 (42.67%) cases and bachelor & above in 129 (57.33%) cases. The husband had an occupation in 114 (50.67%) cases and 93 (41.33%) women had an occupation. 86 (38.22%) cases had a desire in future pregnancy. Causes of discontinuation of contraception use were desire for pregnancy in 60 (26.7%) cases, bleeding in 74 (32.9%) cases, forgetting in 29 (12.9%) cases, method failure in 50 (22.2%) cases and 12 (5.3%) cases had other causes. The Women's views of the cause of not using FP were due to lack of knowledge of FP method in 43 (19.11%) cases, lack of access to FP method in 37 (16.44%) cases, past experience of side effect in 29 (12.89%) cases, religious prohibition in 38 (16.89%) cases, husband opposed in 27 (12%) cases, lactational amenorrhea in 23 (10.22%) cases and 28 (12.44%) women gave a non-specific answer.

Important ramifications for family planning programs result from the division of unmet demand into two parts (the need for spacing and the need for restricting births). This gives program administrators useful data that is useful in choosing the best technique combination to fulfill the demand of future contraceptive users. [22].

Regarding predictors of FP practice, higher age, low level of education, wives of husbands who not working, and insufficient family income were substantially greater among married women with unmet need of FP ($P < 0.05$). Multiple regression analysis shows that not enough income, primary & below and intermediate & secondary levels of education of either husband or woman were significant predictors for unmet need for FP among married women.

Numerous research has repeatedly shown that socioeconomic and demographic variables have a significant impact on the level of met and unmet demand for contraception. Unmet needs are more

prevalent in the older age group. The difference in age pattern is evident from the unfulfilled demands for spacing and restriction, as predicted. [23, 24]. The unmet demand for spacing is mostly in youth and diminishes with age, but it is precisely inversely related to the unmet need for restricting. [25]. This connection is quite apparent in Khalil et al. [18] study. It has been conducted on socioeconomic aspects to see how they affected the practice of FP in various communities. [26]. Also, Farrag et al. [27] revealed that Women's age, occupation, family size, and income had a significant impact on their use of FP, whereas their education had a little impact. [28]. One of the widely reported characteristics that determine FP practice is a woman's age. [29, 30]. Islam et al. [31] revealed that Women aged 25 to 34 in Bangladesh had the greatest rate of contraception. Because younger women have not yet had the desired number of children, they are often less eager in employing FP techniques than older women. Prata et al. [30] revealed that They said that since the variables influencing FP practice vary depending on the age group, FP techniques should be adjusted accordingly.

One of the major variables influencing contraceptive usage and its pattern has repeatedly been recognized as economic status. The majority of research found that women with greater economic status used FP at much higher rates. [32, 33]. In Farrag et al. [27] study, income served as a strong independent predictor of the usage of FP. Due to the fact that they choose to have fewer children in order to improve their social welfare or economic standing, mothers with a high income to save and women with limited money (i.e., extremes) were much more likely to utilize FP. Most likely, women who make just enough money think that using contraception would make their families work fewer hours. Women are empowered through education, which raises their understanding of health issues and gives them greater authority over their health-related decisions. In other research, better education was associated with a higher usage of FP. [34, 35].

On the other hand, Hussain [36] revealed that Literacy has absolutely nothing to do with FP usage, while Islam et al. [31] revealed that Not among working women but among jobless women, education was a major predictor. In Farrag et al. [27] study, Although education level was a major predictor of unmet need for pregnancy limiting among women aged ≥ 25 Y along with income, it was not connected with FP usage. This demonstrates how crucial it is for the family planning system to get in touch with these women in order to raise their awareness of the issue



and help them through education information counselling activities (EIC). [37].

Contraceptive availability and accessibility have a significant effect in influencing the practice FP. More than 90% of women expressed satisfaction with the FP service in general. The privacy of women seeking services and the lack of training materials (only 1.9% reported exposure to such materials) were the noted deficiencies. Additionally, the providers' communication abilities were in doubt, as seen by the high percentages of women who either did not get any information or did not grasp it when it was provided during counselling. [29].

The research has some slight drawbacks. The research included a single center and a limited sample size.

Conclusion:

In this demographic, 75% of the requirement for family planning was unmet. Lack of awareness about family planning options, difficulty accessing family planning options, and adverse effects from prior contraceptive usage are the main deterrents to taking contraceptives. Predictors factors that affect FP were higher age, low level of education, wives of husbands who not working, and insufficient family income.

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