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Factors that influence unmet need for family planning

***Emmanuel Ifeanyi Obeagu¹ and Umi Omar Bunu²**

¹Department of Medical Laboratory Science, Kampala International University, Uganda

²Department of Public Health, Kampala International University, Uganda.

E-mail: emmanuelobeagu@yahoo.com

Abstract

Family planning refers to the use of contraceptive methods to prevent unintended pregnancy, limit the number of children and space childbirth. Contraceptive methods are classified as modern or traditional methods. A growing number of women and men of reproductive age wish to regulate their fertility and have fewer children. The Health institutions need to work more closely with the a Health Service to train its service providers to ensure that prospective family planning acceptors are counselled adequately on common side effects of their methods of choice. The Health sectors should organize seminars and campaigns to increase knowledge about family planning and reduce bad believing's related to the religion about family planning. The government and health organizations should organize seminars and campaigns to increase education of married women and create project of jobs that have equal opportunity to apply. The doctors and primary health care professionals should encourage taking of family planning in breast feeding women instead of discouraging. All stakeholders in family planning must do their best to extol the virtues of family planning to men and help involve them in family planning.

Keywords: factors that influence unmet need, family planning, contraceptives, family planning acceptors

Introduction

Family planning (FP) refers to the use of contraceptive methods to prevent unintended pregnancy, limit the number of children and space childbirth. Contraceptive methods are classified as modern or traditional methods (Okoroiwuet *et al.*, 2021; Asomugha *et al.*, 2017; Akandinda *et al.*, 2022; Ibekwe2022; Obeagu *et al.*, 2016). Modern methods include female sterilization, male sterilization, intrauterine contraceptive device (IUD), implants, injectables, pill, male condoms, female condoms, emergency contraception, and lactational amenorrhea method (LAM), whereas

traditional methods include rhythm (calendar), withdrawal, and folk methods (Mulatuet *et al.*, 2020).

Contraception is defined as the intentional prevention of conception through the use of various devices, sexual practices, chemicals, drugs, or surgical procedures. Thus, any device or act whose purpose is to prevent a woman from becoming pregnant can be considered as a contraceptive. In any social context effective contraception allows a couple to enjoy a physical relationship without fear of an unwanted pregnancy and ensures enough freedom to have

children when desired. The aim is to achieve this with maximum comfort and privacy, at the same time minimum cost and side effects. Some barrier methods, like male and female condoms, also provide twin advantage of protection from sexually transmitted diseases (STDs) (Rakhi and Sumathi, 2011).

A growing number of women and men of reproductive age wish to regulate their fertility and have fewer children. Between the ages of 20 and 44, a fertile, sexually active woman is potentially capable of giving birth about 12 times, even if she breastfeeds each baby for 1 year. To avoid the need for an abortion, she has to successfully practice birth control for 16–20 of her roughly 25 childbearing years (Worldwide and Progress, 2009).

Even though reproductive and sexual health care services are very crucial, their availability to women of reproductive age is quite limited. One of these services is family planning and a lack of family planning or not using it regularly or appropriately leads to unwanted pregnancy, which is one of the leading causes of maternal mortality. Unintended pregnancy affects almost every one of life and is a huge and global public health issue. It is linked to parental stress, induced abortion, infertility, negative physical, mental, social, and economic consequences, as well as maternal and child mortality (Teshale, 2022).

Factors influence unmet need for family planning

All women participating need unmet health planning, whereby health providers require the husband's presence and approval to provide injections or any other contraception to women, with the exception of Oral Contraceptive Pills (OCP). This mandatory requirement as part of the health system creates a limitation in choosing multiple options of contraceptive services, even when the services are available free of charge. All women reported that health providers require the husband's approval, due to the fear that if the husband becomes aware that his wife has received contraception, and she is accordingly unable to

conceive, he may violently confront the doctor who provided the contraception. One participant reported that in cases in which the doctor is willing to provide modern contraception, the doctor often takes an oath with the woman that if her husband finds out that she used contraception, she must not reveal the identity of the doctor who conducted the procedure. Therefore, women jokingly call the injection, 'We did not see each other.' I think the doctor is scared of the husband and relatives. They always say that if your husband gets to know that you have got an injection and come to me, I will deny and tell him that I have never seen this woman. One of the participants reported the availability of free contraception at certain mother and child clinics, but that the clinics' requirement for the husband's presence and approval may make women afraid to use their services. "There are few Mother and Child Health Clinics that provide free contraception, but the provision of the method requires the husband's presence and approval (Geleet *et al.*, 2021).

The participants reported that doctors discourage them from using contraception because of side-effects that doctors perceive to be associated with these methods. Accordingly, several participants highlighted that they are afraid of-, and have concerns about contraception. "I and my husband have discussed once about contraception. I had anemia. We met a doctor, and the doctor told us that it causes bleeding and health problems, so I should not use it. Most of the study participants reported hearing once or on several occasions from doctors expressing that the prolonged use of contraception was the reason that some women became infertile. In a context in which children are highly valued, and are regarded as providing welfare for the family, this type of information is enough to discourage women from using contraception regardless of its availability. Accordingly, many participants demonstrated confidence in LAM. This has thus, made the women reluctant in using contraceptive services as per the advice of the doctors. "The doctor advised me to use breastfeeding for child spacing, that is the only method the doctor told me" (Geleet *et al.*, 2021).

Individual and Cultural Related Factors Affecting Unmet Need for Family Planning

Some suggest that urban households in particular have smaller family size and often enjoy better access to family planning services than rural households, hence they have lower unmet need for family planning. It is also found to be significantly lower among those women who belong to wealthier household. Women belonging to wealthier households are less likely to have overall UMNFP and unmet need for spacing. However, the likelihood of unmet need for limiting is highest among women belonging to second wealth quintile followed by women belonging to third and fourth wealth quintiles. Hence, it is found to be lowest either among richest or poorest women. The women belonging to wealthier households are likely to have lower overall UMNFP, unmet need for spacing and unmet need for limiting than the women of poorer households. It is so because wealthier households can have better access to modern contraceptives as compared to poorer households (Asif, 2019). Unmet need generally decreases as household wealth increases. In West and Central Africa, however, unmet need is also high for young married women in the richest wealth quintile (MacQuarrie, 2014).

Women's exposure to mass media can help to reduce the likelihood on overall UMNFP, unmet need for spacing and unmet need for limiting. Such exposure can provide them information regarding the availability and usefulness of different family planning methods. Thus, an effective media campaign can be useful to reduce UMNFP. It can help people to limit their family size according to their desire (Asif, 2019).

Media exposure is significant only with respect to the unmet need for spacing, where women who have been exposed to the media 80 percent less likely to have an unmet need for spacing as women with no exposure (Korra, 2002)

Age at first marriage was as early as 17 years and as late as 35 years with a mean age of 22 years. The odds of unmet need for family planning were

more likely in the younger age group of currently married women than the older age group women. This finding was comparable to other parts of the world whereas in contrast to studies done in different parts of Ethiopia. This might be because older women are mature and better decide on their health including the use of family planning services compared to younger women. Besides, older woman had less desire to children compared to younger women, which increases the need to use family planning methods (GirmaGaro *et al.*, 2021).

Women with more number of children are less likely to have overall UMNFP than women with less number of children. Number of children of women shows a statistically significant relationship with overall UMNFP, unmet need for spacing and unmet need for limiting where women having four children have the lowest likelihood of facing overall UMNFP, unmet need for spacing and unmet need for limiting. However, women with five or more number of children have slightly higher UMNFP, unmet need for spacing and unmet need for limiting than women with four number of children. It indicates that with an increase in number of children. They might have already attained their desired number of children and hence would like to use contraceptives for limiting (Asif, 2019).

Women of low parity (often defined as having had two or fewer live births) are less likely than women of higher parity to use contraceptives, even if they have a strong desire to delay or space their next pregnancy (Samandariet *al.*, 2010).

Increasing the knowledge of women about FP is the best way to decrease unmet need and to increase FP use (Tadesseet *al.*, 2022). By definition women who have no knowledge of family planning do not use contraceptives. As such all of these women have an unmet need for family planning, and demand that is not met This is obvious from the data shown in Table 5. On the other hand, nearly one in two women with knowledge of family planning has an unmet need to space, and one in three has an unmet need to limit, with the percent of demand not satisfied

among these women being 84 percent and 75 percent for spacing and limiting, respectively. Lack of knowledge of family planning was found to be another important reason for nonuse among women with unmet need. Seventeen percent of women had no knowledge of a source for a method while 13 percent of women did not know of a method. This holds true for women with unmet need for spacing and limiting (Korra, 2002).

The study participants considered contraception to be an imported Western tradition, which is against their norms and traditions, thereby hindering its usage. The participants blamed foreigners for being the perpetrators of introducing this culture into Somalia. “I have not seen anybody supporting modern contraception use. Some contemporary women talk about it, but it has nothing to do with our culture. Women used to space children traditionally, using contraception is a foreign culture. (Geleet *al.*, 2021).

where people see contraception as non-Islamic and foreign, it is not inexplicable for women to hold negative religious beliefs and opinions against contraception. The use of contraception is seen as a platform contrary to God’s plan. There are beliefs that it does not matter how many children one has; God cares and provides for all the children who are born. Other participants thought that contraception was for non-believers, and that the use of contraception might draw God’s anger, which could result in collective punishment to their community. This type of fear prompted women to remain defiant about using contraception. Women reported that the use of contraception meant challenging God’s plan, which might result in undesired negative effects, such as permanent infertility or unknown illnesses. People can space their children without using contraception.” “I want to have many children. People are telling that they use contraception, which is arrogance against God’s natural process. (Geleet *al.*, 2021).

Conclusion

The Unmet Need for Family Planning is high in married women that health centers demanded for their husband’s approval and presence to give contraceptive, married women that doctors discourage contraceptive usage instead promote breastfeeding, married women that fear of causing permanent infertility, married women that fear of causing period problems, married women that fear of causing mood disorder. In Individual and Cultural Related Factors, The Unmet Need for Family Planning is high in married women thinking that contraceptive usage is a foreign culture, married women that have lack of Knowledge about family planning method, married women that married at older age, married women that their husbands wanting for more number of children, married women believing that contraception usage is non-islamic, married women that their husbands opposition taking for family planning.

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