Original Article

Unmet Needs of Family Planning and Associated Factors in Married Women of Reproductive Age

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ABSTRACT

Objective: To determine frequency of unmet needs of family planning and associated factors in married women of reproductive age of Multan.

Study Design: Descriptive, cross-sectional study

Place and Duration of Study: This study was conducted at the Community Medicine Department, Nishtar Medical University, Multan, from September, 2021 to March, 2022.

Materials and Methods: A total of 350 women after taking consent were enrolled. Different areas of city were visited in this regard. By simple random sampling method 70 households were selected in this descriptive cross – sectional study from Average households is 1985, using lottery method. First respondent from each household fulfilling study criteria was selected to be included. Once registered these participants (n=350) were interviewed by researcher itself for their frequency of unmet need for family planning and associated factors.

Results: This study included of a total of 350 women having mean age of these women was 28.36 ± 6.58 years (rang; 19 years to 44 years). Out of these 350 women, 104 (29.7 %) belonged to poor social class and 246 (70.3 %) belonged to middle social class. Out of these 104 women, 104 (29.7%) were illiterate and 246 (70.3%) were literate while 65 (18.6%) husbands were illiterate. Of these 350 women, 117 (33.4%) were living in nuclear family system while 233 (66.6%) in joint family system. Frequency of unmet need for family planning in the women was noted to be 136 (38.9%). Associated factors for unmet need for family planning were; Fear of side effects in 62 (45.6%), Objection by husband in 40 (29.4%), objection by family in 18 (13.2%) and son preference was 16 (11.8%).

Conclusion: High frequency of unmet need for family planning was noted in our study among women of reproductive age group of Multan. Fear of side effects was the major associated factor followed by objection by husband, objection by family and son preference, respectively. Unmet need for family planning was significantly associated with poor socioeconomic status, husband illiteracy, joint family system and ethnicity. Mass level awareness among targeted population is need of the hour.

Key Words: Family Planning, Unmet Need, Reproductive age

INTRODUCTION

Family planning remains major source of health improvement, poverty reduction and women empowerment all over the world [1].

Various studies have estimated that family planning is associated with prevention of around one in every three maternal deaths which allows these females in delaying next pregnancy, birth spacing, and avoidance

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of unintended pregnancy & abortion and to take decision to stop childbearing once they have achieved their intended family size [2]. The efficiency of family planning in reducing deaths in females can be more described if the healthcare authorities approach families living under poverty line and those with unmet need on a larger scale. Unmet needs for family planning in women indicates certain gaps in their childbearing intention with behavior of contraception and indicator ranges from as low as 0 to 100. It has been described that unmet need for family planning levels of 25 % and more are regarded as very high whereas levels of equal or less than 5 % are defined as low [3]. Similarly, high levels describe that these women lack empowerment in using contraceptive measures because they don't have access to proper healthcare facilities and they fail to adopt family planning with their husbands or may be related to certain cultural or ethnic norms [4,5].

Women with unmet need for family planning constitute two major categories; First group constitutes women who have desire in delaying their next pregnancy to a certain time period and are not using any contraceptive

measure currently. Secondly, other women who don't want to conceive for more children and are not using any contraceptive method. All over the world unmet need for family planning is employed in monitoring and evaluation of sexual and reproductive health programs as framed by Millennium Development Goals [6,7]. In comparison to the contraception prevalence rate (CPR), there are certain advantages associated with unmet need for family planning to introduce a rights-based approach, because this process involves capturing woman's use of contraceptive measures and their reproductive preference at a given time [8].

A study conducted by Bhusal et al[9] recruited 650 married women in community based cross – sectional study having mean ages 30 ± 7.31 years mean ages and reported 49 % frequency of unmet need for family planning. Noreen et al [11] from Gujranwala conducted a cross – sectional study on 355 women of reproductive age groups (mean age was 25.9 ± 7.8 years) and reported 34% frequency while Sarmad et al[12] conducted a study in Lahore on 191 women of (15 – 49 years of age) in a cross – sectional study and reported 60.73 % unmet need for family planning. Associated factors have been described to be fear of side effects 41.6%, objection by husband 25.8%, and objection by family 14 %, son preference 15.8% and lack of information 17.6%.

As evident from reported literature from different population subsets, it is observed that frequency of unmet needs for family planning varies (from 34 % to 60.73%) from population to population due to geographic distribution, ethnic beliefs and educational level. This proposed study was conducted in reproductive age group population (married females) of Southern Punjab to observe current magnitude of the problem, so that awareness campaign could be launched in these families regarding family planning and women health to achieve Millennium Development Goals (MDGs).

MATERIALS AND METHODS

A total of 350 women were enrolled in this study from 20-09-2021 to 20-03-2022. Informed consent was taken from each participant, ensuring them confidentiality of the information provided. Different areas of city were visited in this regard. By simple random sampling method 70 households were selected in this descriptive cross – sectional study from Average households is 1985, using lottery method. First respondent from each household (that included Nishtar Estate Colony Multan, Shah Rukan-e-Alam Colony, New Multan, Walayat Abad, Old Shuja Abad Road and Suraj Miani, Multan) fulfilling study criteria was selected to be included. Married women residents of Multan, aged 18 – 45 years having parity ≥ 1 were taken. Married women not living with husbands and not fecund women, having history of hysterectomy and early menopause were excluded from

this study. Total sample size was 350 (70 study participants from each area). Sample size has been calculated by using following formula; $n = z^2pq/d^2$ z = 1.96, p = 34 % [11] (least proportion of unmet need for family planning), q = 100-p, d= 5 %. Once registered these participants were interviewed by researcher itself for their frequency of unmet need for family planning and associated factors. All the relevant information was noted in the study questionnaire. Data was entered in SPSS version 25 for mean and standard deviation calculation of age and no. of children. Frequencies and percentage have been calculated for family system, age groups, qualification, ethnicity, socioeconomic status and husband educational qualification, unmet need for family planning and associated factors. Confounders like age groups, husband qualification, socioeconomic status, ethnicity, family system and husband qualification were addressed by stratification through chi-square test at 0.05 level of significance (95%CI).

RESULTS

In this study of a total of 350 women meeting inclusion criteria were included.

Table No.1: Stratification of unmet need for family planning with regards to study variables

Study Variables	Unmet need (n = 350)		P – value
	Yes (n=136)	No (n=214)	
Age			
Up to 30 Years (n=209)	88	121	0.146
> 30 Years (n=141)	48	93	
Socioeconomic status			
Poor (n=104)	56	48	0.001
Middle Income (n=246)	80	166	
Literacy			
Illiterate (n=104)	41	63	0.905
Literate (n=246)	95	151	
Husband's Qualification			
Illiterate (n=65)	59	06	0.001
Literate (n=285)	77	208	
Family System			
Nuclear (n=117)	21	96	0.001
Joint (n=233)	115	118	

Mean age of the women was 28.36 ± 6.58 years (range; 19 years to 44 years) and 209 (59.7 %) were aged up to 30 years. Of these 350 women, 104 (29.7 %) belonged to poor social class and 246 (70.3 %) belonged to middle social class. Out of these 104 women, 104 (29.7%) were illiterate and 246 (70.3%) were literate while 65 (18.6%) husbands were illiterate. Out of these 350 women, 117 (33.4%) were living in nuclear family system while 233 (66.6%) in joint family system. Of these 350 women, 100 (28.6%) were Urdu speaking, 162 (46.3%) were Punjabi, 72 (20.6%) were Saraiki and 16 (4.6%) were Baloch. Frequency of unmet need for family planning in this study was noted to be 136 (38.9%). Associated factors for unmet need for family planning were; Fear of side effects in 62 (45.6%), Objection by husband in 40 (29.4%), objection by family in 18 (13.2%) and son preference was 16 (11.8%).

DISCUSSION

Global contraception rates have improved all over the world and it was reported to be 63.3 % in 2010 as compared to 54% in 1990 [13]. During last 2 decades, the unmet need for family planning dropped all over the world by 3.1 % (from 15.4% to 12.3%) and this decrease was observed in all parts of the world with exception to the certain parts where contraceptive use was already high [14-15]. This study recruited 350 women having mean age of our women was 28.36 ± 6.58 years (range; 19 years to 44 years) while 209 (59.7 %) were aged up to 30 years. Vishnu et al [16] from India has also reported majority of the participants screened for unmet need for family planning were aged less than 30 years, similar to our study results. Hailemariam et al [17] also reported 89 % participants for unmet family need for family planning were aged less than 35 years, similar to our results. Ali et al [18] conducted a study on unmet needs for family planning and reported 31.8 ± 7.3 years mean age in these women, close to our study results. Asif et al [19] has also reported 30 ± 1.21 years mean age in women with unmet need for family planning, similar to our study results.

Of these 350 women, 104 (29.7 %) belonged to poor social class and 246 (70.3 %) belonged to middle income families. Asif et al [19] has also reported similar results. Of these 104 women, 104 (29.7%) were illiterate and 246 (70.3%) were literate while 65 (18.6%) husbands were illiterate. Vishnu et al [16] from India reported 25.0 % illiteracy among participants, similar to our study results. Hailemariam et al [17] also reported 23.2% illiteracy among participants and 18.9 % illiteracy among husbands, which is in compliance with our study results. Ali et al [18] has also reported similar results. Asif et al [19] has reported 56.5 % illiteracy among participants and 30 % among husbands.

Of these 350 women, 117 (33.4%) were living in nuclear while 233 (66.6%) in joint family system. Of these 350 women, 100 (28.6%) were Urdu speaking, 162 (46.3%) were Punjabi, 72 (20.6%) were Saraiki and 16 (4.6%) were Baloch. Asif et al [19] has also reported similar results.

Frequency of unmet need for family planning in our women was noted to be 136 (38.9%). Associated factors for unmet need for family planning were; Fear of side effects in 62 (45.6%), Objection by husband in 40 (29.4%), objection by family in 18 (13.2%) and son preference was 16 (11.8%). A study conducted by Vishnu et al [16] from India has also reported 31 % frequency of unmet need for family planning, similar to our study results. Hailemariam et al [17] also reported 37.4% frequency of unmet need for family planning, close to our study results. Ali et al [18] has also reported 44.8 % unmet need for family planning, close to our study results. Asif et al [19] has also reported 21 % frequency of unmet need for family planning and 27.7 % fear of side effects, which is in compliance with our study results.

CONCLUSION

High frequency of unmet need for family planning was noted in our study among women of reproductive age group of Multan. Fear of side effects was the major associated factor followed by objection by husband, objection by family and son preference, respectively. Unmet need for family planning was significantly associated with poor socioeconomic status, husband illiteracy, joint family system and ethnicity. Mass level awareness among targeted population is need of the hour for public awareness.

Author's Contribution:

Concept & Design of Study:	Rabiya Masood
Drafting:	Ayesha Saddique, Rabia Javed
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Revisiting Critically:	Rabiya Masood, Ayesha Saddique
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Conflict of Interest: The study has no conflict of interest to declare by any author.

REFERENCES

1. Solomon T, Nigatu M, Gebrehiwot TT, Getachew B. Unmet need for family planning and associated factors among currently married reproductive age women in Tiro Afeta District, South West Ethiopia, 2017: cross-sectional study. BMC Women's Health 2019;19(1):170.

2. Asrat W, Mekonnen T, Bedimo M. Assessment of women's satisfaction with family planning service

at public health facilities in Northwest Region of Ethiopia: a cross sectional study. Contracept Reprod Med 2018;3:25.

3. Alem AZ, Agegnehu CD. Magnitude and associated factors of unmet need for family planning among rural women in Ethiopia: a multilevel cross-sectional analysis. BMJ Open 2021;11(4):e044060.

4. Tadesse D, Medhin G, Kassie GM, Dadi TL, Tigabu S, Demissie M, et al. Unmet need for family planning among rural married women in Ethiopia: What is the role of the health extension program in reducing unmet need? Reprod Health 2022;19(1):15.

5. Tareke AA, Enyew EB, Endehabtu BF, Dubale AT, Eshetu HB, Wubante SM. Trends and predictors of change of unmet need for family planning among reproductive age women in Ethiopia, based on Ethiopian demographic and health surveys from 2005-2016: Multivariable decomposition analysis. PLoS One 2022;17(8):e0272701.

6. Wulifan JK, Brenner S, Jahn A, De Allegri M. A scoping review on determinants of unmet need for family planning among women of reproductive age in low and middle income countries. BMC Womens Health 2016;16:2.

7. Ajong AB, Njotang PN, Yakum MN, Essi MJ, Essiben F, Eko FE, et al. Determinants of unmet need for family planning among women in Urban Cameroon: a cross sectional survey in the Biyem-Assi Health District, Yaoundé. BMC Womens Health 2016;16:4.

8. Terefe G, Abebe F, Teka B. Unmet Need for Family Planning Service and Associated Factors Among Homeless Women of Reproductive Age Group in Jimma Zone Administrative Towns, Ethiopia. Open Access J Contracept 2022;13: 83-93.

9. Bhusal CK, Bhattarai S. Factors affecting unmet need of family planning among married tharu women of Dang District, Nepal. Int J Reprod Med 2018;2018:9312687.

10. Nzokirishaka A, Itua I. Determinants of unmet need for family planning among married women of reproductive age in Burundi: a cross-sectional study. Contracept Reprod Med 2018;3:11.

11. Noreen K, Khan KA, Khan N, Khan SA, Khalid N. Contraceptive prevalence rate, unmet need for family planning and its associated factors among women of reproductive age group. Pak J Public Health 2018;8(2):63-9.

12. Sarmad R, Manzoor S, Kaleem R. Family planning; reasons of unmet need in an urban setting of Lahore. Professional Med J 2007;14(1):152-7.

13. Wulifan JK, Brenner S, Jahn A, De Allegri M. A scoping review on determinants of unmet need for family planning among women of reproductive age in low and middle income countries. BMC Womens Health 2016;16:2.

14. Phiri M, Odimegwu C, Kalinda C. Unmet need for family planning among married women in sub-Saharan Africa: a meta-analysis of DHS data (1995 - 2020). Contracept Reprod Med 2023;8(1):3.

15. Gahungu J, Vahdaninia M, Regmi PR. The unmet needs for modern family planning methods among postpartum women in Sub-Saharan Africa: a systematic review of the literature. Reprod Health 2021;18(1):35.

16. Vishnu Prasad R, Venkatachalam J, Singh Z. Unmet Needs of Family Planning Among Women: A Cross-Sectional Study in a Rural Area of Kanchipuram District, Tamil Nadu, South India. J Obstet Gynaecol Ind 2016;66(Suppl 1):488-93.

17. Hailemariam A, Haddis F. Factors affecting unmet need for family planning in southern nations, nationalities and peoples region, ethiopia. Ethiop J Health Sci. 2011 Jul;21(2):77-89.

18. Ali AA, Okud A. Factors affecting unmet need for family planning in Eastern Sudan. BMC Public Health 2013 Feb 4;13:102.

19. Asif MF, Pervaiz Z. Socio-demographic determinants of unmet need for family planning among married women in Pakistan. BMC Public Health 2019;19(1):1226.