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Unmet need for family planning and its associated factors among reproductive age married women in a community

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Abstract

Introduction: Family planning enables individuals to decide to have children, supporting maternal health, gender equality, and poverty reduction. This study aimed to assess the unmet need for family planning among reproductive-age women.

Methods: A descriptive cross-sectional study was conducted among currently married women of reproductive age (20-49 years) residing in Uurlabari Municipality-8, Nepal, selected through purposive sampling, following ethical approval. Data were collected from 05 Nov 2024 to 30 Nov 2024 using semi-structured face-to-face interviews. Normality of data dispersion was assessed, and data analysed using SPSS v.22. Descriptive statistics (mean±SD, n(%)) and chi-square test were applied. Logistic regression was performed to identify factors associated with unmet need, with $p < 0.05$ considered statistically significant.

Results: Out of 246 surveyed women, 118(47.97%) were using modern contraceptives and had met their need for family planning. Among the remaining 128(52.03%) non-users, 109(44.31% of total, 85.16% of non-users) had an unmet need for family planning, with unmet need for limiting being higher at 85(34.55% of total, 77.98% of unmet need) compared to unmet need for spacing at 24(9.76% of total, 22.02% of unmet need). The unmet need for family planning was found to be significantly associated with respondent age, family type, occupation of the respondent, number of living children, perceived fear of side effects, spousal communication, and walking distance to the service centre.

Conclusion: This study found that nearly half (44.31%) of the women surveyed had unmet need for family planning, highlighting the need for targeted community-based programmes regarding reproductive health and family planning.

How to cite

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Introduction

Family planning makes a great contribution to avoiding unwanted pregnancies, unplanned births, and ensuring planned childbirth.¹ It enables people to achieve the desired number of children, helps to reduce unintended and high-risk pregnancies and unsafe abortions, which contributes to saving the lives of many women.² It is essential to improve maternal and newborn health outcomes, promote gender equality, and reduce poverty. Unmet family planning needs persist globally, leading to unintended pregnancies, unsafe abortions, and maternal deaths.^{3,4} Unmet need includes a percentage of women who are not currently using any family planning method and want to stop or delay childbearing.⁵ Most unintended pregnancies could be prevented with effective family planning services.⁶ The unmet need for family planning remains a major public health concern in developing countries.⁷ It remains a significant public health problem, particularly for working women who face unique reproductive health challenges.⁸ Unmet need for family planning is a proportion of women among the reproductive age group who want to stop or delay childbearing but are not using any method of contraception. One in ten married women face unmet need for family planning worldwide.⁹ Family planning encompasses the ability of individuals and couples to anticipate and achieve their desired number of children, as well as the spacing and timing of their births. Access to family planning and ensuring that needs are met is based on human rights.¹⁰ This study aimed to assess the unmet need for family planning among reproductive-age women.

Method

A descriptive cross-sectional research design was used to assess the unmet need for family planning in a community of Urlabari Municipality, ward number eight, which was selected randomly. The total population of the Urlabari Municipality ward number 8 was 9124, among them 2304 were of reproductive age women.¹¹ The study population was currently married women of reproductive age (20-49)

years, who had at least one child, were residing in Urlabari municipality ward number 8, and were willing to participate. The required number of the sample was selected by a non-probability purposive sampling technique. A needed sample size was calculated, taking 17.6% prevalence ($P=0.176$) of the unmet need for family planning of Koshi Province.¹² Population correlation coefficient ($q=1-0.176=0.824$), 95% confidence level ($z=1.96$), allowable 5% ($d=0.05$), n =required sample size. We have $n=(Z)^2 pq/d^2=(1.96)^2 \times (0.176) \times (0.824)/(0.05)^2$, yielding 223; with an additional 10% to account for possible errors, the final sample was 246 married women of reproductive age. A semi-structured questionnaire and face-to-face interviews were conducted with married women of reproductive age. The questionnaire had questions related to socio-demographic information, fertility, family planning service centre, family planning communication, and related to the assessment of unmet need for family planning. Content validity of the instrument was established by an extensive review of the literature and consultation with 6 subject experts. Based on the ratings provided by these experts, the CVI was calculated, resulting in a score of 0.98, indicating a high level of content validity. Pretesting of the tool was done in 23 currently married women of reproductive age residing in Urlabari, seven, Morang, to assess clarity, understandability, feasibility, and applicability for administration. Ethical approval was obtained from the Institutional Review Committee of the Institute of Medicine, Tribhuvan University. Administrative approval was received for data collection from the Urlabari municipality. Informed verbal and written consent was obtained from each respondent. Privacy was maintained by taking the interview in a separate place. Confidentiality was maintained by assigning the code number instead of the name, and the information was kept secure. Data were collected by visiting the residence of respondents. Only one sample was taken from one household in case of more than one currently married woman in one household, the youngest married woman was selected. Each respondent was interviewed for about 40-45 minutes. Data were collected from 5 Nov 2024

to 30 Nov 2024. Collected data were analysed in Statistical Package for the Social Sciences (SPSS) program version 22 using descriptive statistics, such as frequency, percentage, mean, and standard deviation, and chi-square test. Normality of data dispersion was assessed using the Shapiro-Wilk test. Regression analysis was done to identify factors associated with unmet need.

Result

A total of 246 women participated in the study. Among them, 118(47.97%) were using modern contraceptive methods and had met their need for family planning. The remaining 128(52.03%) women were not using any contraception. Among these non-users, 109(44.31% of total, 85.16% of non-users) had an unmet need for family planning, while 19(7.72% of total, 14.84% of non-users) had no need, were infecund, or were intending pregnancy.

The maximum number of respondents 111(45.12%) was age 30-39 years. The mean age of the respondents was 35.36 ± 7.30 years. Almost all 224(91.06%) were Hindu. More than half 142(57.72%) were Janajati. The majority 163(66.26%) were living in nuclear families. More than half of the respondents 133(54.07%) had secondary-level education. Regarding occupations, the maximum 103(41.87%) of respondents were homemakers. Regarding the respondent's husband, nearly half 114(46.34%) had secondary-level education, and the maximum 83(33.74%) were engaged in business, Table 1.

More than half of the respondents 138(56.10%) were married at the age of 20 or more, with a mean age at marriage of 20.32 ± 3.36 years. The majority 171(69.51%) had given birth to more than one child, and more than half 126(51.22%) gave birth to their first child at or after 22 years of age, with a mean age of 22.07 ± 3.48 years. Regarding the number of children, the majority 171(69.51%) had two or more living children. Among them, 65(26.42%) had no living son, and 52(21.14%) had no living daughter, Table 2.

Among respondents, 105(42.68%) used family planning, injectables 45(42.86%), and pills 33(31.43%). Only 13(5.28%) of husbands of respondents used family planning; condoms 7(53.85%) and male sterilisation 6(46.15%). The majority 81(68.64%) were using FP methods for limiting births. All 246(100.00%) were aware of possible side effects of FP. More than half 127(51.63%) have experienced side effects of FP. The majority 174(70.73%) feared the side effects of FP methods. Many respondents 155(63.01%) access family planning methods from pharmacies, and 111(45.12%) accessed family planning within 30 minutes. All 246(100.00%) of respondents received their method of choice during the visit to the service centre. Similarly, the majority 175(71.14%) of respondents had spousal communication about the use of the FP method. Almost all 235(95.53%) had autonomy to use family planning methods. Many of them 175(71.14%) made family planning decisions jointly, Table 3.

Among those with unmet need (n=109), the unmet need for limiting was higher at 85(34.55% of total, 77.98% of unmet need) compared to unmet need for spacing at 24(9.76% of total, 22.02% of unmet need). Among pregnant respondents (n=10), almost all 9(90.00%) wanted the pregnancy. Among postpartum respondents (n=7), the majority 5(71.43%) wanted childbirth. Among non-pregnant respondents (n=111), the majority 85(76.58%) did not want more children. About reasons for not using family planning methods among respondents (n=109) having an unmet need for FP, the majority 67(61.47%) denied using family planning methods due to fear of side effects, Table 4.

The result shows statistically significant associations between unmet need and age ($p=0.001$), family type ($p=0.003$), and occupation of women ($p<0.001$). Similarly, about the association between fertility-related characteristics and unmet need for family planning, the statistically significant associations between unmet need and the number of living children ($p=0.002$). Furthermore, regarding the association

between perceived fear of side effects and spousal communication with unmet need for family planning, the statistically significant associations between unmet need and perceived fear of side effects ($p<0.001$), and spousal communication ($p<0.001$) were found. Additionally, in terms of the association between family planning service-related characteristics and unmet need for family planning, the statistically significant association between unmet need and walking distance to the service centre ($p=0.044$) was found, Table 5.

Logistic regression analysis was carried out to examine the independent effect of each significant variable. Hosmer and Lemeshow chi-square was used to test goodness of fit, where the model adequately fits the data as its value was 12.44 ($p=0.132>0.05$). Those variables found to be associated with unmet need in bivariate analysis at a p-value of 0.05 were considered for multivariate analysis. Fear of side effects and poor spousal communication are the strongest predictors of the outcome ($p<0.001$) with a highly significant association at p-value <0.05 , Table 6.

Table 1. Sociodemographic characteristics of the reproductive-age married women in a community of Urlabari Municipality, n=246

Characteristics	n	%
Age in completed years		
20-29	59	23.98
30-39	111	45.12
40-49	76	30.89
Mean $\pm$ SD=35.36 $\pm$ 7.30; Min=20 Max=49		
Religion		
Hinduism	224	91.06
Kirat	9	3.66
Buddhism	7	2.85
Christianity	5	2.03
Muslim	1	0.41
Ethnicity		
Janajati	142	57.72
Brahmin/Chhetri	76	30.89
Dalit	24	9.76
Madhesi	3	1.22
Muslim	1	0.41
Family type		
Nuclear	163	66.26
Joint	83	33.74
Educational level of respondent		
Unable to read and write	10	4.07
Informal education	34	13.82
Basic level	75	30.49
Secondary level	133	54.07
Bachelor and above	4	1.63
Occupation of respondent		
Home maker	103	41.87
Agriculture	87	35.37
Business	32	13.01
Labour	13	5.28
Service	11	4.47

Table 2. Fertility-related characteristics of the reproductive-age married women in a community of Uurlabari Municipality, n=246

Characteristics	n	%
Age at marriage in completed years		
<20 years	108	43.90
≥20 years	138	56.10
Mean±SD=20.32±3.36; Range 14-34		
Parity		
1	75	30.49
>1	171	69.51
Age during first childbirth		
<22 years	120	48.78
≥22 years	126	51.22
Mean±SD=22.07±3.48; Range 16-35		
Number of living children		
1	75	30.49
≥2	171	69.51
Number of living son		
1	148	60.16
≥2	33	13.41
None	65	26.42
Number of living daughter		
1	135	54.88
≥2	59	23.98
None	52	21.14

Table 3. Characteristics related to family planning use among reproductive-age married women in a community of Uurlabari Municipality, n=246

Characteristics	n	%
Current user of FP (respondent)	105	42.68
Type of FP method used (n=105)		
Injectable	45	42.86
Pills	33	31.43
Female sterilization	19	18.10
IUD	5	4.76
Implant	3	2.86
Current user of FP (spouse)	13	5.28
Type of FP method used (n=13)		
Condom	7	53.85
Male sterilization	6	46.15
Reason for using FP method (n=118)		
Limiting birth	81	68.64
Spacing birth	37	31.36
Knows possible side effect of FP	246	100.00
Perceived possible side effect through*		
Experienced by own self	127	51.63
Perceived due to other's experience	227	92.28
Received information from health professional	151	61.38
Perceived fear of side effect	174	70.73
Place of access of FP method		
Pharmacy	155	63.01
Government health facility	55	22.36
Private health facility	36	14.63
Walking distance		
>30 minutes	135	54.88
≤30 minutes	111	45.12
Received desired FP method during visit	246	100.00
Spousal communication on FP*		
About use of FP methods	175	71.14
About choice of method	163	66.26
About possible side effect	145	58.94
Autonomy to use FP methods	235	95.53
Primary decision maker of FP		
Joint decision	175	71.14
Self	55	22.36
Husband	16	6.50

*Multiple response

Table 4. Unmet need for family planning among reproductive-age married women in a community of Urlabari Municipality, n=246

Characteristics	n	%
Total participants	246	100.00
Family Planning Need Status		
Met need (currently using contraception)	118	47.97
Unmet need (Spacing & Limiting)	109	44.31
No need / Infecund / Intending pregnancy	19	7.72
Type of unmet need (n=109)		
Unmet need for limiting	85	77.98
Unmet need for spacing	24	22.02
Reproductive status among non-users (n=128)		
Currently pregnant	10	7.81
Postpartum Amenorrhoeic	7	5.47
Non-pregnant/non-amenorrhoeic	111	86.72
Pregnancy status (n=10)		
Wanted pregnancy	9	90.00
Mistimed pregnancy	1	10.00
Postpartum status (n=7)		
Wanted childbirth	5	71.43
Mistimed childbirth	2	28.57
Fertility desire among non-pregnant/non-amenorrhoeic (n=111)		
Want pregnancy within 2 years	5	4.50
Want pregnancy in future	21	18.92
Want no more pregnancy	85	76.58
Reasons for not using FP among those with unmet need (n=109)		
Fear of side effects	67	61.47
Inconvenient to use	20	18.35
Objection by husband	11	10.09
Lack of information about methods	4	3.67
Lack of counselling from health workers	4	3.67
Son preference	3	2.75

Table 5. Association of various factors with unmet need among reproductive-age married women in a community of Urlabari Municipality, n=246

Characteristics	Unmet need (n=109)		χ^2	p-value
	Yes, n(%)	No, n(%)		
Age in completed years				
<35 years	36(32.73)	74(67.27)	10.816	0.001*
≥35 years	73(53.68)	63(46.32)		
Family type				
Nuclear	83(50.92)	80(49.08)	8.557	0.003*
Joint	26(31.33)	57(68.67)		
Occupation of women				
Self employed	67(56.30)	52(43.70)	13.473	<0.001*
Others	42(33.07)	85(66.93)		
Number of living children				
One	22(29.33)	53(70.67)	9.806	0.002*
2 or more	87(50.88)	84(49.12)		
Perceived Fear of Side Effects				
Yes	100(57.47)	74(42.53)	41.73	<0.001*
No	9(12.50)	63(87.50)		
Spousal communication				
Poor	71(72.45)	27(27.55)	52.27	<0.001*
Good	38(25.68)	110(74.32)		
Walking distance to the service centre				
<30 min	52(38.52)	83(61.48)	4.065	0.044*
≥30 min	57(51.35)	54(48.65)		

*Significant with p-value <0.05

Table 6. Adjusted relationship of explanatory variables and unmet need for family planning among reproductive-age married women in a community of Urlabari Municipality, n=246

Variables	Beta Coeff	S.E.	Sig.	COR	AOR	95% C.I. for OR	
						Lower	Upper
Age in completed years							
<35 years	-0.360	0.467	0.442	0.420	0.698	0.279	1.745
≥35 years						Ref	
Family type							
Nuclear	0.702	0.404	0.082	2.275	2.019	0.915	4.453
Joint						Ref	
Occupation of respondent							
Self employed	0.228	0.403	0.572	2.608	1.256	0.570	2.765
Others						Ref	
Number of children							
One child	-0.654	0.493	0.184	0.401	0.520	0.198	1.365
More than one						Ref	
Perceived Fear of side effect							
Yes	2.636	0.394	<0.001*	11.531	13.958	6.448	30.219
No						Ref	
Spousal communication							
Poor	2.362	0.397	<0.001*	7.612	10.638	4.870	23.255
Good						Ref	
Walking distance to service center							
<30min	-0.722	0.368	0.050	0.594	0.486	0.236	0.999
≥30min						Ref	
Constant	-0.294	0.612	0.631		1.342		

p-value <0.05 significant

Discussion

Out of a total of 246 women 118(47.97%) were using modern contraceptive methods and had met their need for family planning. The remaining 128(52.03%) were not using any contraception. Among these non-users, 109(44.31% of total, 85.16% of non-users) had an unmet need for family planning, while 19(7.72% of total, 14.84% of non-users) had no need, were infecund, or were intending pregnancy.

Our finding of unmet need is consistent with studies from Bardiya, Nepal⁵ and Southwest Nigeria⁶, but lower than the 54.50% reported in southern Ethiopia¹⁰, and higher than the national unmet need of 15.00% and provincial unmet need of 17.60% reported in the Nepal Demographic and Health Survey 2022.¹²

More than half of the respondents 138(56.10%) were married at the age of 20 or more, with a mean age at marriage of 20.32 ± 3.36 years. The majority 171(69.51%) had given birth to more than one child, and more than half 126(51.22%) gave birth to their first child at or after 22 years of age, with a mean age of 22.07 ± 3.48 years. Regarding the number of children, the majority 171(69.51%) had two or more living children. Among them, 65(26.42%) had no living son, and 52(21.14%) had no living daughter. Among respondents, 105(42.68%) used family planning, which is aligned with the study of Dang, Nepal, that 47.00% of women were using contraceptives.¹³ In the current study, 45(42.86%) used injectable contraceptives, and 33(31.43%) used pills. A study conducted in Bangladesh found that 57.62% preferred oral contraceptive pills, 14.40% injectable contraceptives, and 11.42% used condoms.¹⁴ The majority 81(68.64%) were using family planning methods for limiting births. A study conducted in Eastern Ethiopia showed that 25.00% were using contraceptives for limiting and 75.00% for spacing purposes.¹⁵ More than half 127(51.63%) have experienced side effects of family planning.

All 246(100%) of respondents received their preferred method during the visit to the service

centre. Similarly, the majority 175(71.14%) of respondents had spousal communication about the use of the family planning method. A study of Indonesia found inconsistent results with the current study that 22.20% who received support from their husbands for using contraceptives, while 77.80% did not receive support from their husbands to use contraceptives.¹⁶ Almost all 235(95.53%) had autonomy to use family planning methods. A study of Thawang, Rolpa, showed results inconsistent with the current study, that about half of the respondents 49.70% had autonomy regarding fertility control.¹⁷ Many of them 175(71.14%) made family planning decisions jointly.

Among respondents with unmet needs, the unmet need for limiting was higher 85(34.55%) than the unmet need for spacing 24(9.76%). A study of Southwest Nigeria found that 33.10% spacing and 38.10% limiting unmet family planning needs.⁶ A study conducted in Rolpa, Nepal, found 24.80% wanted to have spacing between pregnancies and 21.90% wanted to limit their pregnancies but were not using any modern contraceptives.¹⁷ Among pregnant respondents ($n=10$), almost all 9(90.00%) wanted the pregnancy. Among postpartum respondents ($n=7$), the majority 5(71.43%) wanted childbirth. Among non-pregnant respondents ($n=111$), the majority 85(76.58%) did not want more children. About reasons for not using family planning methods among respondents ($n=109$) having an unmet need for FP, the majority 67(61.47%) denied using family planning methods due to fear of side effects, 20(18.35%) due to inconvenient to use, 11(10.09%) due to objection by husband, 4(3.67%) due to lack of information about methods, 4(3.67%) due to lack of counselling from health workers, and 3(2.75%) due to son preference. A study conducted in Southwest Nigeria found that 66.30% denied using family planning methods due to fear of side effects.⁶ In the current study, 11(10.09%) due to objection by husband was the reason for not using family planning, which aligned with the study of Saudi Arabia, that 12.60% reported the reasons for not using contraception methods were husband's disapproval.¹⁸ Similarly, a study

conducted in Nawalpur, Nepal, found that 21.49% reported the reason for not using contraception methods was due to the sex of the child.¹⁹

The majority 174(70.73%) feared the side effects of family planning methods. A study of Southern Ethiopia found that out of the 351 non-family planning users, 131(37.32%) were not using modern contraceptive methods for fear of side effects.¹⁰ Many respondents 155(63.01%) access family planning methods from pharmacies. In this study, 111(45.12%) accessed family planning within 30 minutes, which is lower than a study of Bardiya, Nepal, that 70.10% of the respondents needed to walk up to 30 minutes to reach the closest health facility.⁵

The result shows statistically significant associations between unmet need and age ($p=0.001$), family type ($p=0.003$), and occupation of women ($p<0.001$). A study conducted in Bardiya, Nepal, found that women's occupation ($p=0.037$) has a significant association with unmet need of family planning.⁵ Similarly, about the association between fertility-related characteristics and unmet need for family planning, the statistically significant associations between unmet need and the number of living children ($p=0.002$). This is aligned with the findings of Southwest Nigeria that the number of children of respondents ($p=0.001$) had a statistically significant association with unmet family planning needs.⁶

Furthermore, regarding the association between perceived fear of side effects and spousal communication with unmet need for family planning, statistically significant associations were found between unmet need and perceived fear of side effects ($p<0.001$) and between unmet need and spousal communication ($p<0.001$). This current finding is aligned with the study of Bardia Nepal, which found a significant association in spousal communication ($p=0.002$) and fear of side effects ($p=0.001$).⁵ A study conducted in Indonesia found that a statistically significant association was found between husband's

support and the incidence of unmet need for family planning, obtained p value of ($p=0.002$).¹⁶ Additionally, in terms of the association between family planning service-related characteristics and unmet need for family planning, the statistically significant association between unmet need and walking distance to the service centre ($p=0.044$) was found. This is aligned with the study of Bardia Nepal, which found a significant association between geographical accessibility and the unmet need of family planning ($p=0.045$).⁵

Logistic regression analysis was carried out to examine the independent effect of each significant variable. Hosmer and Lemeshow chi-square was used to test goodness of fit, where the model adequately fits the data as its value was 12.44 ($p=0.132>0.05$). Those variables found to be associated with unmet need in bivariate analysis at a p -value of 0.05 were considered for multivariate analysis. Fear of side effects and poor spousal communication are the strongest predictors of the outcome ($p<0.001$) with a highly significant association at p -value <0.05 . A study conducted in Bardia, Nepal, found that the odds of having an unmet need were 4.3 times more likely among women with poor spousal communication (AOR=4.287; CI=1.952-9.413).⁵ A study of Ethiopia found that a woman who failed to discuss with her partner about family planning methods was 2.9 times more likely to experience unmet need for family planning than their counterparts (OR=2.90, 95% CI: 1.81, 4.00).²⁰ Poor spousal communication may stem from sociocultural norms that limit open discussions about contraception, thereby hindering mutual understanding and support for family planning decisions. Engaging men in family planning interventions is crucial to fostering an environment of shared decision-making and support.

This study has some limitation: The findings from a single community over a short period may not represent general population. The self-reported data through face-to-face interviews may have social desirability bias on sensitive topics like family planning use and spousal communication, or reasons for method discontinuation among previous users.

Conclusion

This study concludes that nearly half (44.31%) of reproductive-age married women have an unmet need for family planning, with the unmet need for limiting (34.55%) being higher than that for spacing (9.76%). Statistically significant associations were found between variables such as age, family type, occupation, number of children, perceived fear of side effects, spousal communication, and walking distance to service site, with unmet need. Perceived fear of side effects and poor spousal communication are identified as major factors responsible for unmet needs. Comprehensive education and counselling, spousal communication through targeted community-based interventions and couple-focused programmes may address the need for family planning among reproductive-age women.

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