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Research Article

FACTORS ASSOCIATED WITH UNMET NEED FOR FAMILY PLANNING AMONG MUSLIM MARRIED WOMEN OF REPRODUCTIVE AGE GROUP

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ABSTRACT

Unmet need is a valuable indicator for assessing the achievement of the national family planning program. The women of the Muslim community have a high unmet need for family planning because of high fertility, low contraceptive prevalence, religious beliefs and socio-demographic characteristics. The study was undertaken with the objectives to identify the prevalence of unmet need for family planning among the Muslim married women of reproductive age group (15-49 years) and to determine the various factors that influence on unmet need for family planning. A community-based, cross-sectional and descriptive study was conducted in Miyapatan, Nepal. A total of 112 Muslim married women under reproductive age group were selected using systematic random sampling technique and interviewed through the house to house survey with the help of a pre-designed, pretested semi-structured questionnaire.

The total unmet need for family planning was 31.3% (12.5% for spacing births and 18.8% for limiting births). The unmet need varied significantly with age (p = 0.004) and was highest in <24 years age group (61.1%). It was significantly higher among the women who had never discussed with their partners regarding the use of contraceptives (68.2%, p = 0.000) and higher among the respondents who had lower decision-making power for using of contraceptives (29.4%, p = 0.001). There was also significantly higher among the women who didn't attend health institutions for receiving family planning services (84.4%, p = 0.000). The common reasons behind the unmet need for family planning were religious opposition (37.1%), fear of health concern (25.7%) and discontinuation of contraceptives by past users (22.9%). Thus study concluded that unmet need was high among Muslim women from urban area, despite extensive family planning program in Nepal exists.

INTRODUCTION

Family planning (FP) is critical for the health of women and their families, and it can accelerate a country's progress toward reducing poverty and achieving development goals. Family planning programs must serve to provide couples and sexually active women and men with correct information, quality services and timely access to affordable, safe, effective modern contraceptives with the provision of their method of choice. It has saved many lives, changed the face of the world, and transformed the lives of women. Because of its importance, universal access to reproductive health services, including family planning, is identified as one of the targets of the Millennium Development Goals (MDGs). Unmet need has received additional attention since it becomes an MDGs indicator (indicator 5B) in 2008.

Many developing countries have included family planning as a part of primary health care services, and have expanded the information and range of services up to the community level. The number of women of developing the world with an unmet need for modern contraception declined slightly between 2008 and 2012, from 226 million to 222 million. The reproductive age group, who need contraception and unmet need of modern contraception, is increased in most of the countries of Africa and developing the world. The proportion of married women with unmet need for modern contraception is 26% in the developing world, while it is much higher in Africa (53%) in 2012. Like wisely, unmet need of family planning is 21% in Asia region and 22% in Latin America and the Caribbean regions (Malter, 2012).

In South Central Asia region, the unmet need of family planning in Pakistan is 25% (Shaikh, Azmat, & Mazhar, 2013). In India, the unmet need for family planning is 12.5% (Kothari, 2012). Bangladesh has achieved a high level of success in its family planning program. In 2011, 12% of married women in Bangladesh have an unmet need for family planning (Islam,

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Islam, & Rahman, 2012). The reasons for the unmet need of family planning is vary according to the geographic region in South Central Asia. One woman among three said that she or her partner oppose to use family planning method. In contrast, in Southeast Asia, almost four in ten women did not use an effective method because they were concerned about their health and side effects of the methods (Gribble, 2013).

Worldwide it has been estimated that meeting of women's need for modern contraceptives would prevent about one-quarter to one-third of maternal deaths. United Nations Population Fund (UNFPA) has estimated that if unmet need for contraception is met so that women could have only the pregnancies when they want, then the maternal mortality would be dropped by 20-35% (Shrestha, 2012).

In developing countries, meeting of unmet need for family planning methods would reduce: (a) unintended pregnancies by two-thirds (from 80 million to 26 million), (b) 26 million abortions procedures, and (c) 16 million unsafe abortion procedures. Meeting unmet need of family planning also fewer 21 million unplanned births and pregnancy-related deaths would be dropped by 79,000. It also helps to reduce 1.1 million infant deaths (Malter, 2012).

The need for family planning and reproductive health services continues to be important in Nepal as it has a high population growth rate, large number and proportion of females of reproductive age, and other poor demographic and reproductive outcome indicators. Nepal Demographic Health Survey in 2011 showed that slightly more than one in four women or 28% of unmet need for family planning, with 10% unmet need for spacing births and 18% unmet need for limiting births. Unmet need was declining noticeably from 31% in 1996 to 24% in 2006 (Aryal, Pathak, Dottel, & Pant, 2008); however, it is increased between the period of last five years from 2006 to 2011 (MoHP, New ERA, & ICF International, 2012). While awareness of family planning is almost universal among Nepali women and men, there is still substantial variation in the use of family planning methods, and in unmet need among different caste and ethnic groups. In Nepal Muslims have a lower family planning user.

The unmet need for family planning is Muslim women (39%) and 25%, met the need for family planning is markedly lower among Muslim (Pandey, Dhakal, Karki, Poudel, & Pradhan, 2013). The continued inequalities in access to and use of maternal health services were reflected in the differences in Maternal Mortality Rate (MMR) for different ethnic groups. In a study found that a higher MMR found among Muslims (318 maternal deaths per 100,000 live births) (Suvedi *et al*., 2009).

MATERIAL AND METHODS

Descriptive and cross-sectional research design was used to conduct the study to find out the factors associated with unmet need for family planning. Miyapatan, Pokhara, Nepal, was purposively selected as sampling area. There were all total 238 households of Muslim family existed. The sample size of the study was estimated on the basis of the prevalence method at 95% confident limit and 9% allowable error. The sample size was calculated by using given statistical determining sample size formula (Sample size (n) = z^2 pq/d^2) on the basis of prevalence of unmet need for family planning for Muslim women in Nepal that was 39% according to NDHS (Pandey *et al*., 2013). Probability sampling technique was used to conduct the study. Randomness was adopted to collect data. Every 2nd house was chosen by using systematic random sampling technique. A semi-structure tool was developed after reviewing related studies and discussion made with experts, advisors, and statistician. The pretesting and reliability of tool was done. The researcher obtained permission from the respective authority of the institution and ethical clearance from Institutional Review Board (IRB), Tribhuvan University (TU), Institute of Medicine (IOM). Informed consent was obtained from the participants and the data were collected by face to face interview through the house to house survey method. The data were analyzed by using both descriptive and inferential statistics.

Inclusion criteria

The study was delimited to married women who were of reproductive age (15-49 years) group living with their husband and those who were willing to participate were considered in the study.

Exclusion criteria

In this study currently pregnant and postpartum women who was married and under reproductive age (15-49 years) group were excluded. Likewise, women who expressed their unwillingness to participate were also excluded from the study

RESULT AND DISCUSSION

Results

Baseline characteristics of adolescents

The study revealed socio-demographic data of the Muslim women of Miyapatan, whereas the majority of the respondents 27.7% (31/112) belonged to 25-29 years age group. About three-quarters 78.6% (88/112) of the respondents were married before 18 years. More than half of the respondents have achieved secondary level of education 51.8% (58/112) and more than half 51.8% (58/112) of the respondents were involved in their own business. More than half of the respondents were living in nuclear family 54.5% (61/112). 88.4 % (99/112) respondents have children and two third 66.6% (66/112) have given first childbirth before completing her age 19 years. 28.3% (28/112) of the respondent had two and three living issues.

Table 1 Prevalence of Met and Unmet Need for Family planning

N = 112

Description	Frequency	Percentage
Modern contraceptive users		
Using for limiting (Met Need)	39	34.8
Using for spacing (Met Need)	22	19.6
Contraceptive non users		
Unmet need for limiting birth	21	18.8
Unmet need for spacing birth	14	12.5
Intender (want child soon)	16	14.3

Table 1 reveals that more than half of respondents (54.4%) are contraceptive users (Met need) and they are using modern contraceptives. Among them 34.8% respondents were using contraception for limiting the child birth and 19.6% of

respondents were using contraception for spacing the child birth. In contraceptive non users group; 18.8% respondents did not want child, however, they were not using modern FP contraceptives and 12.5% respondents wanted to postpone their next pregnancy but they were also not using modern FP contraceptives. So the result indicated that the prevalence of unmet need for FP was 31.3% among 35 respondents (unmet need for spacing birth 12.5% and unmet need for limiting birth 18.8%). Only the rest 14.3% were intenders who wanted a child soon so they were not using modern FP contraceptives.

Table 2 Association of Age of the Respondents with the Unmet Need for Family Planning

N = 96

Variable	Frequency (%)	Frequency (%)	Total	*p* value
	Unmet Need	Met Need		(Chi-square)
Age in years				
Below 24	11 (61.1)	7 (38.9)	18 (100.0)	
25-34	10 (20.8)	38 (79.2)	48 (100.0)	0.004
35 and above	14 (46.7)	16 (53.3)	30 (100.0)	
Total	35 (36.5)	61 (63.5)	96 (100.0)	

$p < 0.05$ = Statistically significant value

Table 2 reveals that out of 35 respondents with an unmet need for family planning, 61.1% belonged to age group below 24 years and only 38.9% out of 61 respondents were without the unmet need for family planning. So the unmet need for family planning was significantly dependent with age of the respondents ($p = 0.004$).

Table 3 Association of Fertility Preferences of the Respondents with the Unmet Need for Family Planning

N=96

Variable	Frequency (%)	Frequency (%)	Total	*p* value
	Unmet Need	Met Need		(Chi-square)
Discussed FP with partner				
Never	15 (68.2)	7 (31.8)	22 (100.0)	
Sometimes	20 (27.0)	54 (73.0)	74 (100.0)	0.000
Total	35 (36.5)	61 (63.5)	96 (100.0)	
Decision makers for FP				
Yourself	5 (29.4)	12 (70.6)	17 (100.0)	
Husband	11 (84.6)	2 (15.4)	13 (100.0)	0.001
Both Partner	19 (28.8)	47 (71.2)	60 (100.0)	
Total	35 (36.5)	61 (63.5)	96 (100.0)	

$p < 0.05$ = Statistically significant value

Discussion about the use of family planning between the couple was strongly significantly associated with using of contraception ($p = 0.000$). In unmet need for family planning, where 15 out of 35, among them, more than two third (68.2%) of the respondents had never discussed with their partner regarding using of family planning. In met need for FP group, only 7(31.8%) out of 61 of the respondents had never discussed with their partner about using of FP contraceptives.

Table 4 Table Reasons for Unmet Need for Family Planning

N = 35

Description	Frequency	Percentage
Reasons for not using FP		
Lack of knowledge	1	2.9
Husband disapprove	3	8.6
Religious opposition	13	37.1
Fear of side effect	9	25.7
Desire of baby	1	2.9
Reason for discontinuation of the FP		
Side effect	8	22.9

Regarding decision makers for using contraceptives, among the respondents from unmet need group, 11(84.6%) out of 35 of the respondents take a decision by their partners; and from met need group, 2 (15.4%) out of 61 take a decision by their partners. The association between decision makers by using FP and unmet need was found significant ($p = 0.001$).

Table 4 shows the common reasons behind the unmet need for family planning. The majority of the proportion 37.1% were not using contraception due to religious opposition and 25.7% respondents were not using contraception due to fear of the side effects. The common reason for discontinuation of the family planning method by an unmet group of the respondents, who were past users, was due to complains of side effect (22.9%).

Table 5 Association of Barriers in Accessing Family Planning Services with the Unmet Need for Family Planning

N = 96

Variable	Frequency (%)	Frequency (%)	Total	*p* value
	Unmet Need	Met Need		(Chi-square)
Attend to FP health center				
Yes	8 (12.5)	56 (87.5)	64 (100.0)	
No	27 (84.4)	5 (15.6)	32 (100.0)	0.000
Total	35 (36.5)	61 (63.5)	96 (100.0)	

$p < 0.05$ = Statistically significant value

Table 5 reveals that there was a strongly significant association in between the respondents who were not visited to health institutions for receiving family planning services and unmet need for family planning ($p = 0.000$). In unmet need for FP group, larger proportion of the respondents, 27 (84.4%) out of 35 had never visited to FP institutions for receiving the services, and in met need of FP group, only 5 respondents (15.6%) out of 61, had never visited to FP institutions for receiving of FP services.

DISCUSSION

This study was based on the West off model (2006) to measure the unmet need for family planning. The study has found that 31.3% (35/112) of Muslim married women of reproductive age group had an unmet need for family planning, whereas 12.5% (14/35) for unmet need for spacing and 18.8% (21/35) for unmet need for limiting births. 14.3% (16/112) of married Muslim women had no demand for contraception. Westoff model was also used by Hailemariam and Haddis (2011) to estimate the level of unmet need for family planning in Ethiopia in 2011 and found that total unmet need for family planning among Muslim women was 36.1% and 23.5% for unmet need for limiting and 12.5% for unmet need for spacing. This study also shows that the unmet need for family planning was significantly associated with age of the respondents ($p = 0.004$), discussion about the use of family planning with partners ($p = 0.000$), decision makers for using family planning ($p = 0.001$) and respondents attend to FP institution ($p = 0.000$). The study also revealed that unmet need was high among illiterate women, women who were living in joint families, higher in those respondents with less than two children. The present study showed that religious opposition and fear of side effects were common reasons behind the unmet need for family planning among the respondents.

CONCLUSION

Unmet need for family planning is a valuable concept that is widely used for advocacy, the development of family planning policies, and the implementation and monitoring of family planning program worldwide. The research findings may be useful as a baseline for other researchers to carry out further studies in the area of unmet need for family planning. The findings will be helpful for health personals during family planning counseling so that they may encourage couples to use the contraceptives suitable to them and without violating their cultural norms.

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