

## ADDRESSING THE UNMET NEED FOR FAMILY PLANNING: A COMPREHENSIVE GLOBAL PERSPECTIVE

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### Abstract

*The unmet need for family planning remains a pivotal challenge in global public health, particularly in low- and middle-income countries (LMICs). This article delves into the intricate socio-cultural, economic, and systemic barriers contributing to this phenomenon, with a specific focus on reproductive-aged women (15-49 years) at the gynecology ward of PUMHSW Nawabshah, Sindh. Leveraging quantitative and qualitative insights, the study underscores the imperative for transformative policies and culturally sensitive interventions to bridge the gap between family planning intentions and contraceptive use.*



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### INTRODUCTION

Despite significant advancements in reproductive health, the unmet need for family planning persists globally, affecting approximately 222 million women. This gap between reproductive intentions and contraceptive use leads to unintended pregnancies, high fertility rates, and a strain on healthcare systems. In Pakistan, this issue is exacerbated by socio-economic inequities, gender disparities, and cultural constraints. This study explores the underlying factors driving unmet family planning needs and offers strategic recommendations to enhance reproductive health outcomes.

### Methodology

This cross-sectional study was conducted at the gynecology ward of PUMHS Nawabshah, enrolling 350 married women aged 15-49 years. Non-probability convenience sampling was employed. Data collection utilized a structured questionnaire administered in participants' native languages, and analysis was performed using SPSS v25, ensuring

robust statistical rigor with a confidence interval of 95%.

### Results

- Demographics:** Most participants (50.9%) were aged 23-30 years, with a striking 70.9% being illiterate. Over 88% belonged to lower socio-economic classes.
- Awareness and Utilization:** While 92.3% of women had heard of family planning methods, 23.7% were not using any contraceptive method. Natural methods were the most common (24.6%), followed by hormonal methods (23.4%).
- Barriers to Contraception:**
  - Fear of Side Effects:** Reported by 47% of non-users.
  - Desire for More Children:** Cited by 61.4%.
  - Husband's Disapproval:** Identified by 25.3%.

- **Financial Constraints:** Highlighted by 44.6%.
- **Cultural and Religious Beliefs:** A factor for 31.3%.
- **Lack of Knowledge:** Noted by 50%.
- 4. **Support Systems:** Only 18% of participants received partner support for family planning, while 14.6% had adequate financial backing.

## Discussion

The findings align with global trends, where unmet family planning needs disproportionately affect marginalized groups. Comparatively, countries like Sri Lanka report lower unmet needs (7%), while Sub-Saharan Africa faces a prevalence of 23.7%. In Pakistan, entrenched socio-cultural norms and systemic healthcare barriers further compound the issue. Integrating evidence-based strategies with community-driven approaches is essential to dismantle these barriers.

**Global Implications:** Addressing the unmet need for family planning is not merely a health priority but a socio-economic imperative. Enhanced contraceptive use reduces unintended pregnancies, improves maternal health, and accelerates progress toward Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being) and SDG 5 (Gender Equality).

## Conclusion

This study provides a nuanced understanding of the unmet need for family planning in Nawabshah, Sindh, revealing significant socio-economic and cultural barriers. The findings emphasize the urgency for targeted interventions, including education, male involvement, and accessible healthcare services. By addressing these gaps, policymakers and stakeholders can promote informed reproductive choices and enhance quality of life.

## Recommendations

1. **Policy Reform:** Establish integrated family planning and reproductive health policies.
2. **Community Engagement:** Initiate culturally tailored awareness campaigns to dispel myths and promote contraceptive use.

3. **Male Involvement:** Strengthen programs to include men as active participants in family planning.
4. **Education:** Implement literacy and empowerment programs for rural women to enhance autonomy.
5. **Healthcare Investment:** Expand access to affordable and quality contraceptive options in underserved areas.
6. **Monitoring and Evaluation:** Develop robust systems to track progress and adapt strategies dynamically.

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