



Implications of Unmet Need for Family Planning on Health of Women and Children

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Unmet need for family planning has been defined as the percentage of sexually active fecund women who are not expecting to have a child at least for next two years or ambivalent on their child bearing but are not using any contraceptive method (United Nations 2009) [14]. Further, women who are having unmet need and those using natural and traditional methods at the same time are considered as having unmet need for modern methods. [4]. Unmet need for family planning indicates the discrepancy between the intention and the use of contraceptive in the cohabiting reproductive aged women.

Unmet need of a country basically depends on two factors. It fluctuates according to the preference of child bearing and the contraceptive use. Thus it has been called for many decades as a moving target because it changes according to the changes in these two factors. It can also be related to the demographic transition. Initially in the past, contraceptive use was minimal and families wanted more children; thus unmet need was low. However, unmet need increased when women want less number of children due to changes in the socio economic status, although they do not use contraceptives. With time, if the contraceptive use also got increased simultaneously, the unmet need becomes low. Thus the success or the failure of a family planning programme cannot be assessed only by the level of unmet need in a particular country. Because the fertility rates in the past were very high, the absolute number of women in the reproductive age is high and the requirement for family planning and number with unmet need also would be high [2,13,14].

Globally, Demographic and Health Surveys (DHS) provide levels, trends and reasons for unmet need. Unmet need has been assessed

mainly in developing world as 17% and found to be in a range of 11% - 24% at the beginning of new millennium [8]. However, by 2017, it has come down to 12%; with highest levels of more than 20% in African countries. It has been estimated to be lowest in Eastern Asia, Eastern Europe, Northern America, Northern Europe, South America and Western Europe; probably below 10% (United Nations 2017).

The total number of women in the reproductive age was 1.9 billion in 2019 of which 1.1 billion are in need of contraceptives. But 190 million are not using any method accounting for 17% of the total in need (United Nations 2019). Further, due to rapid increase of the number of reproductive aged women, another 10 million women were added to the total unmet need from 2000 to 2017. However, it has been projected to decline from 142 million to 139 million from 2017 to 2030 due to reduction in Asia and Europe Although the unmet need is not routinely assessed in developed countries. The National Survey of Family Growth in USA has revealed the existence of unmet need of 11%. Simultaneously it has found that 49% of all pregnancies were unintended and 54% of these are terminated (United Nations 2017).

The main identified reasons for unmet need were non availability of good quality family planning services and information, fear of side effects and health concerns, opposition from spouse and close relatives, religious opposition. Not only that, the belief of not having the risk of pregnancy by the couple also contributes for unmet need all over the world, especially those in the latter part of the reproductive age. However, those reasons differ for different social settings depending on the socioeconomic status of the country.

Considered outcomes, all of them related to unwanted and mistimed pregnancies leading to a range of critical situations endangering the life of the women due to illegal unsafe abortions and that of children if born alive. The rates of induced abortion are more or less similar irrespective of the legal systems restricting induced abortions worldwide. However, the proportion of unintended pregnancies terminated is increasing in past three decades from 36% to 50% from 1990–1994 to 2015–2019 in countries with restricted abortion law. Globally it has got increased from 51% to 61% during the same period. Considered numbers, out of annual toll of 121 million unintended pregnancies between 2015 and 2019, 73 million has got terminated [1]. According to the World Health Organization (WHO), a woman has to die in every 8 minute as a result of unsafe abortions. Around 50% of abortions are unsafe globally while 98% of them are occurring in developing countries. Differences in safety of induced abortions are highly significant that 56% of all abortions are unsafe in developing countries while only 6% are unsafe in developed countries. Apart from induced unsafe abortions, continuation of the unwanted pregnancy also likely to have adverse pregnancy outcomes like spontaneous abortions, still births, premature deliveries and intra uterine growth retardation. Due to the nature of unwanted, the care for the born child would also be affected thus the growth and development get affected. It may be a reason for increased infant mortality as well. Further, adding more children to limited resources for caring is likely to create economic burden, affecting the rest of the siblings with its untoward consequences including social problems. The health of the mother too is affected physically and psychologically.

Considered the impact of meeting Unmet Need, if all women with unmet need start a modern method of family planning, it will prevent 52 million unplanned pregnancies and 22 million induced abortions. Among them 60% occur in developing countries [9]. Further, according to the analysis of DHSS conducted in 18 countries, survival of infants is significantly increased with increasing birth spacing. If the child born more than two years of spacing was able to survive 1.5 times more up to first week, 2.2 times more up to first 30 days, 2.3 times more up to first year and 2.4 times more up to the age five years [13].

Use of effective family planning by cohabiting couples would reduce the total number of pregnancies, induced abortions and high risk pregnancies contributing to the reduction of maternal

morbidity and mortality. Since unmet need contributes to 25–35% maternal deaths worldwide, meeting unmet need would save 140,000 to 150,000 lives of women annually. It would further prevent 15 million women having injuries, infections, and long-term disabilities that resulted from pregnancy and childbirth [3]. It would further prevent the burden of HIV/AIDS including mother to child transmission, promote gender equality, and reduce poverty leading to accelerate socioeconomic development as a global benefit.

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