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Policy Brief

Exploring unmet need for family planning in settings with high prevalence: The way forward

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Addressing unmet need for family planning (FP), by identifying and addressing underlying factors that prevent women from using contraceptive methods, reduces the number of unwanted pregnancies which in turn, decreases maternal and child deaths.

Background

Unmet need for family planning (FP) is a key indicator for determining the demand for contraception. Women are considered to have unmet need for FP when they want to space or limit births, but they are not using any method to prevent pregnancy.

According to the 2021 Egyptian Family Health Survey (EFHS), 13.8 % of married women aged 15-49 years had an unmet need for FP with the following regional variations; Urban governorates (12.6%), Lower Egypt governorates (11.6%), Upper Egypt governorates (16.8%), and Frontier governorates (12.3%). A difference of unmet need for FP was also observed between urban areas (13.5%) and rural areas (13.9%) and between rural Upper Egypt (18%), and rural Lower Egypt (11%).

To design effective FP programs, planners and decision makers need to understand the reasons why women with unmet need are not using contraceptives. This brief examines the possible factors for the observed gap between women's reproductive intentions and their contraceptive behavior and provide recommendations of targeted FP interventions including behavior change communication efforts to reach intended audiences effectively.



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Methodology

The results and recommendations presented in this brief are based on:

- Desk review of relevant documents, including demographic and health surveys, family health survey, technical reports and studies focusing on unmet need for FP.
- Six focus group discussions (FGDs) with 48 married women aged (18-45 years) of different socioeconomic standards who do not desire pregnancy and are currently not using modern contraception.
- Ten in-depth interviews (IDIs) conducted with FP service providers at public facilities.

The study was conducted in Assuit and Souhag governorates with the highest recorded levels of unmet need of 22.4% and 22.3% respectively. Although, the findings of the present study cannot be generalized to the whole country; however, they do shed light on gaps that might be prevalent in other parts of Egypt.

Findings

Highlights of family planning in studied communities

Most of the people in the studied communities oppose FP and desire many children specially boys to support and empower their families “Ezzwa”. Young couples not living in extended families and with educated and employed wife prefer to plan their families to be able to attend to other duties and obligations.

“The level of education in Upper Egypt is low, and level of illiteracy is high. People who are not educated have many children, and the child works and supports the head of the family.”

(Souhag, 35ys, university graduate, housewife, 2 boys & 2 girls)



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Those who use FP in the studied communities, mostly access public facilities that offer free FP services. Private facilities are accessed by those who are financially capable to afford the fees. Sometimes women access private facilities to avoid being spotted at public facilities if they are using FP behind the back of their opposing husbands.

“There are people who do not want others to know that she is using a (FP) methods, so they go to a private doctor to be examined for infection, for example, and she is going to have a (FP) method. The husband wants her to have children and she does not want to.”

(Assuit, 30ys, university graduate, clerk, boy & girl)

Preferred FP method among users of FP methods in the studied communities included the following; subdermal implant is the most popular method as *“once inserted in the body forget about it”*, followed the three-month injectables as the women are *“not worried about a daily dose”*, followed by the IUD as it *“lasts for a long time and does not contain hormones”* and then contraceptive pills as *“you just swallow it without pain”* in addition to being cheap and can easily obtained from any pharmacy.

Perceived causes of unmet need for FP in the studied communities

Interviewed women revealed the following potential causes for unmet need in their communities:

Norms and traditions: which govern the timing, number and preferred sex of the children. Women cannot use a FP method if she had not delivered a boy and she keeps trying up to six pregnancies and even when she delivers a boy she is obliged to have another one to support his brother and empower the family.

“If a woman has 5 or 6 daughters, she will keep getting pregnant until she gets the boy, and if she does not get the boy, he will marry again.”

(Souhag, 35ys, completed preparatory, housewife, 2 boys)

These norms and traditions are mainly governed by the mother-in-law and the husband and to a lesser extent the community who oppose the use of contraception aiming for more children specially boys.



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"I want to use FP, but my mother-in-law wants me to have children" (Assuit 31years, illiterate, housewife with boy and 2 girls)

"I want to use FP, but my husband refuses and wants many children because he is an only child. Our neighbors are taunting us because I have two daughters only and they say I must have a boy." (Souhag, 29ys, illiterate, housewife, 2 girls)

Fear of side effects: is another cause which potentially influence use of FP methods. Some of the interviewed women used contraceptives, after delivering a boy or two, experienced some side effects and discontinued use. The most feared of side effects linked to FP methods include infertility and cancer which women were afraid of based on prevalent rumors not actual experience.

"I took the 3-month injection for two times, and I heard that it causes infertility, it actually stopped the period, and I was afraid of it."

(Assuit, 30ys, university, clerk, 2 boys)

"I did not want more children, and had an IUD inserted twice and it fell. After that, my breast was like a stone and I was examined. I was afraid it might be something (cancer) but he gave me treatment and I said that I will not use any method"

(Souhag, 30ys, primary, housewife, 2 boys & girl)

Other side effects that actually disturbed women included bleeding disorders, weight gain, headache and bone aches. Women discontinued the used method accordingly and some women even shifted between several methods and was faced with the same reported side effect which reflects inadequate counselling regarding common side effects and how to manage.

"I used the pills and had bleeding so I stopped. Then I used the capsule for one and half years and I had bleeding then I used the injection and it caused bleeding and I stopped two months ago"

(Assuit, 23ys, completed preparatory, housewife, boy and girl)



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After discontinuation, some of the women got pregnant and were surprised with the occurrence of pregnancy which reflects limited awareness of the possibility of getting pregnant while not using a method *“I was surprised that I was pregnant”*

Perceived low risk of pregnancy: limited awareness of the possibility of getting pregnant while not using a FP method was also observed among three groups of women, breastfeeding women, women whose husbands are working abroad and women aged 40 and above. Most of the pregnant women interviewed got pregnant while breastfeeding and discussions revealed that they were not abiding by the set criteria for lactational amenorrhea as a traditional FP method (first six months, on demand and exclusive breastfeeding). Women whose husbands were working abroad, which is a common practice among men in both governorates, were convinced that they cannot get pregnant with infrequent sex.

“I do not get pregnant for the entire period of breastfeeding. I get pregnant once the baby is weaned.” (Assuit, 26 years, illiterate, housewife, 3 girls and 2 boys)

“We are over 40 years old. I don’t think that over 40 years there will be pregnancy.” (Souhag, 42 years, vocational, housewife, 3 girls & boy)

Logistical reasons: Few women highlighted the cost of transportation to the public facilities and arranging for someone to care for the children while being at the facility as a potential cause for unmet need

“A husband told his wife It’s better to get pregnant each visit costs 30 pounds.”

(Souhag FP service provider)

Interviewed FP providers referred to the shortage of female doctors and counting on available ones to rotate among several units which is a burden given that both governorates have widely separated districts. Furthermore, women who miss the doctor on the day they accessed the unit, rarely come again.

Intentions for future use



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When inquired about future use, most of the interviewed women had positive intentions which represents a low hanging fruit for FP programs. Few had negative intentions due to past dissatisfaction with methods used, familial opposition or husbands working abroad. Preferred methods for future use were capsules mostly followed by pills and injections while the IUD was stated by few women.

Conclusion and Recommendation

The study pointed out to the potential contributing role of; norms and traditions favoring many children specifically sons, fear of side effects and perceived low risk of pregnancy to the high level of unmet need for FP in Assuit and Souhag. The below policy recommendations are meant to address the factors that underlie women's reasons for not using contraception despite their desire:

- **Awareness raising:** Create social marketing campaigns that specifically target rural areas in Upper Egypt. The women and their families should receive adequate information and counseling to rectify misconceptions and dispel rumors about the FP methods and about the risk of becoming pregnant even when husbands are working abroad and after birth.
- **Women empowerment:** Young girls should have equal access to free education and have equal opportunities for safe paid employment. Women empowerment can influence boys' preference by husbands and mothers-in-law and enable them to acknowledge benefits of small families.
- **Improve the quality of counseling:** to help women select and effectively use an appropriate method, to promote continued use of modern contraceptive methods and to address the fear of side effects. Women should be made aware of the method mechanism of action, possible side effects, and what to do when they experience side effects. Additionally, improvement of postpartum counseling and timely use of contraception can reduce unwanted pregnancy among postpartum women.
- **Capacity building of FP providers:** on accurate, up-to-date information about how contraceptives work, method side effects, and training to convey this information to clients and to answer their questions about method effects.



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- **Conducting research:** to identify the demographic characteristics of women with unmet need for modern contraceptives; ascertain the specific side effects that prevent large numbers of women with unmet need from using a contraceptive method and determine the extent to which perceived side effects are actually caused by method use.