

BRIEF COMMUNICATION

Male involvement in unmet need for family planning

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What is unmet need?

As defined by the Demographic and Health Surveys, the unmet need group includes all fecund women who are married or living in union, and thus presumed to be sexually active, who either do not want any more children or who wish to postpone the birth of their next child for at least two more years but are not using any method of contraception. **Unmet need is a current-status measure and not a lifetime measure.**

What is the magnitude of the problem?

In developing countries millions of women have unmet need, estimated by Population Reports in 1996 at about 100 million, or about one married woman in every five. In India this figure is 31 million, in Pakistan and Bangladesh it is 5.7 million and 4.4 million, respectively¹. Twenty eight percent of currently married women in Nepal have an unmet need for family planning services, of which 11 percent have a need for spacing and 16 percent have a need for limiting.² In a Hospital based study conducted in Maternity hospital, Kathmandu showed that 69% of patients attending the pregnancy confirmation clinic had planned (wanted) pregnancy and 31% had unplanned pregnancy. 67.7% of women among those who did not want pregnancy had never used contraceptives 21.3% of those with unplanned pregnancy requested for termination. 29% had used but discontinued, the main reasons for doing so was fear of side effects.³

How to address the unmet need?

To develop an unmet need strategy¹, programs need to

1. Understand the various reasons for unmet need, based on qualitative research and survey data.
2. Determine the size and composition of the unmet need subgroups by analyzing survey findings and other data.
3. Identify high-priority subgroups that the program will be best able to reach.
4. Design and deliver information and services to meet the specific needs of each selected subgroup.

Reasons for unmet need^{4,5}

- Difficulties with access
- Poor quality of family planning supplies and services
- Health concerns about contraceptives and side effects

- Lack of information
- Opposition from husbands, families, and communities
- Little perceived risk of pregnancy: infrequent sexual activity and old age

Women often may not reveal the real reasons because of embarrassment, politeness, or other cultural constraints and instead substitute what they regard as more acceptable responses.

The strategies to address the unmet need are

- Maximizing access to good-quality health and family planning services
- Emphasizing on communication.
- Collaborating with other services for new mothers and young children.
- Focusing on men as well as women

Why men involvement?

Men have traditionally borne a great share of responsibility for family planning among couples. Natural methods of contraception like the withdrawal method have been a widely accepted method, and safe periods, periodic abstinence and other natural methods have been practiced by the couples from time immemorial. Condoms have become a popular method for contraception as well as prevention of sexually transmitted infection. Although less common than female sterilization, vasectomy is widely practiced. Other methods of contraceptives for men are also being researched. Additional measures are required for increasing the involvement of men in family planning. The ICPD Programme of Action, noting that "men exercise preponderant power in nearly every sphere of life," called for more male participation and sharing of responsibility in family planning⁶. It has been said that a woman may have unmet need for family planning because of the high "social cost of challenging the opposition from her spouse or any one else in her social influence group"⁷. It was noted from the NDHS conducted in Nepal² that discussion of family planning between the spouses is uncommon and only two in five women and one in two men who know of a contraceptive method said they have discussed family planning with their spouses in the year before the survey. Other studies from Nepal^{8,9} had also indicated opposition from the husband as reason for the unmet need. One report¹⁰ indicates that in seven sub-Saharan countries contraceptive use among women whose husbands disapprove of family planning averages only one-third

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as much as among women whose husbands approve of it. In Kenya, among women who had stopped using contraception for reasons other than having another child, 12% had stopped because their husbands wanted another child or had forced them to discontinue for another reason. The same report outlines the following reasons for men opposing family planning

- Want more children
- Worry that their wives might be unfaithful if protected from pregnancy
- Not approving male physicians to examine their wives
- Have religious objections
- Fear the side effects of contraception
- Wish to control wives' behavior

It was also noted that husbands' attitudes might affect not only whether or not wives use contraception but also the choice of a method and how long it is used. Analysis of women's perception of opposition from husband indicates that in Botswana only 47% of women with an unmet need think that their husbands approve of family planning compared with 82% of contraceptive users. In Pakistan the difference is even more striking, 32% compared with 83%. Spousal communication regarding family planning was also noted to be low in Ghana- only 44% of women with unmet need had discussed family planning with their husbands in the preceding year compared with 72% of contraceptive users. The same report indicated that in India the level of unmet need for limiting births was significantly lower among couples who had discussed family planning than among those who had not, but discussion made little difference to unmet need for spacing. Consequences of husband's disapproval was noted¹¹ to manifest as abstinence under one pretext or another and if the woman was pregnant, she was found to resort to back street abortion rather than face disapproval and discredit.

Conclusions

Reasons for unmet need vary among and within countries; it is difficult to generalize about the determinants of unmet need. Nevertheless, a common observation is that couples would be motivated to use contraception if they want to prevent the birth of a next child and/or if they perceive the woman to be at risk of becoming pregnant. Health professionals should involve the husbands as much as possible when counseling women for family planning. In Antenatal and gynecology out patient clinics opportunities of discussions on family planning should be created and offered to the couples.

References

1. Population Reports Volume XXIV, Number 1, September, 1996.
2. Nepal Demographic and Health Survey. Ministry of Health, New ERA, ORC MacroS, 2001.
3. Sharma S. and Shrestha U., NESOG Souvenir 2000.
4. Bongaarts, J. and Bruce, J. The causes of unmet need for contraception and the social content of services. *Studies in Family Planning* 26(2): 57-75. Mar.-Apr. 1995.
5. NAG, M. Some cultural factors affecting costs of fertility regulation. *Population Bulletin of the United Nations* 17: 17-38. 1984.
6. Report of the ICPD (94/10/18).
7. STASH, S. Reasons for unmet need in Nepal: An attempt to pick up where fertility surveys leave off. [1995]
8. Shrestha, A., Stoeckel, J., and Tuladhar, J.M. Factors related to non-use of contraception among couples with an unmet need for family planning in Nepal. Kathmandu, Nepal, New Era, 1988. 81 p.
9. Indu Bhushan JHSPH Center for communication programs , Nov 1997.
10. Ravindran, T.K.S. Users' perspectives on fertility regulation methods. *Economic and Political Weekly*, Nov. 13-20, 1993. p. 2508-2512.