

# Unmet Need for Family Planning and Associated Factors among Married and Union Reproductive-Age Women with Disability in Southern Ethiopia: Cross Sectional Study

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## Abstract

**Background or Objectives:** Ethiopia has high fertility rate which around 1% of the population is affected by one form of disability. However, a little is known about factors affecting unmet need of family planning to disabled women. The aim of this study was to assess the unmet need for family planning and associated factors among married disabled women in southern Ethiopia.

**Methods:** A community-based cross-sectional study was conducted among 312 disabled married and union women. Simple random sampling was adopted. Data were collected by four diploma midwives and one of them proficient in sign language. Epi-info TM version-7 and SPSS version 20 were used for entry analysis of data respectively.

**Result:** The prevalence of unmet family planning among disabled married and union women were 25.17%. Factors significantly associated with unmet need for family planning were: age group 20-24 (AOR=5.4:95% CI, 1.6-18.4) time more than age above 30, not discussed with their partners and negative attitude (AOR 3:95% CI, 1.3-7.1) & (AOR 2.4:95% CI, 1.1-5.6) times more likely than counterparts respectively.

**Conclusion:** The level of unmet need of family planning methods was high among disabled married and union women and factors significantly associated were age, discuss with partner and attitude. Therefore governmental and non-governmental organizations should work on case by case. Male involvement on reproductive discussion should be addressed.

**Keywords:** Unmet need; Reproductive age; Disability

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**List of abbreviations:** AOR: Adjusted Odds Ratio; EDHS: Ethiopian Demographic Health Survey; CI: Confidence Interval; COR: Crude Odds Ratio; FMOH: Federal Ministry of Health; SRH: Sexual and Reproductive Health; PWD: The People with a Disability; WWDs: Women With Disabilities; SNNPR: South Nation; Nationalities and People Region

## Introduction

According to world health organization (WHO) definition the concept of unmet need for family planning refers to a fecund or sexually active woman not wanting to any more children or delay next child but not use any birth spacing methods [1]. Even if WHO set Adolescents, Migrant, Urban slum dwellers, Refugees and Women in the postpartum period have high group of women

having unmet need of family planning, but different literature showed people living with disabilities also highest unmet need of family planning [2-4].

Globally, an estimated one billion people live with one form of disability which is found that the global prevalence of disability was 16%, ranging from 12% in higher income countries to 18% in lower income countries The World Health Survey estimates also give a female prevalence of disability nearly 12% higher than that for males only 8% to age above than 18 [5-7].

Lack of access to reproductive health services particularly family planning for women with disability (WWDs) contributes to many reproductive health problems, such as unwanted pregnancies, complications during delivery, maternal mortality and morbidity, unsafe abortions, and sexual transmitted disease (STIs) [8,9]

Ethiopian demographic and health survey (EDHS) 2016 revealed that 85% of currently sexually active unmarried reproductive age women have a demand for family planning. Twenty-six percent of currently sexually active unmarried women are already unmet need of family planning a method either to space or to limit births. Unmet need FP for currently married reproductive age is lower in Addis Ababa (11%) and higher in the Oromia region (29%) [10].

A study conducted in Bahirdar, northwest Ethiopia revealed that the unmet need for FP among WWDs was 24.3% [11]. Finding from Addis Ababa also indicated that 20% of WWDs had an unmet need for FP [12].

Many factors are known to contribute to unmet need family planning for WWDs have different look country to country [13]. Age, educational status, knowledge, and occupation are some vital demographic factors that affect unmet need for FP in WWDs in Ethiopia [11,14-16].

The government of the Ethiopian center for disability and development (ECDD) and Ethiopian development NGO, is working collaboratively with other organizations to promote, facilitate and build disability-inclusive development. Currently, the organization is partnering with the Packard Foundation (USA) and Ministry of Health to work with Family Planning and Reproductive Health (FP/RH) service-providing organizations to increase their awareness of the need to extend service delivery to persons with disabilities [4,17,18]. Despite all above activity was done; still a lot of disabled women have shortage of accesses to sexual and reproductive service.

Not many published studies have assessed the magnitude of unmet need of family planning and associated factors among WWDs in Ethiopia. Specifically, researches conducted previously are institution based which focus on women with disabilities supported by association. Therefore, this aimed to assess the unmet need for family planning and the factor associated with married and union women with disabilities in southern Ethiopia.

## Methods

### Study design and setting

A community-based cross-sectional study was conducted from 1; February to 15, March, 2019 in the southern Ethiopia. The source population for this study was all married and union disabled women in Arba Minch town and Arba Minch university DHS site dweller for at least six month. Selected married and union women with disabilities group live in the town were study population.

### Study variable

Data was collected by adopting tool of Ethiopian Demographic and Health Survey. A semi-structured questionnaire was first prepared in English and then translated into the Amharic language then back to English for checking language consistency. The main components of the questionnaire are socio-demographic characteristics, knowledge and attitude of the respondents towards family planning methods, attitude, reproductive health-related factor, and client-related factors.

The minimum sample size was calculated by using a single

population proportion formula with and unmet need ( $p$ )=24.3 % (unmet need for family planning in Bahirdar city). Level of significance 5% ( $\alpha=0.05$ ), the margin of error 5% ( $d=0.05$ ) and 10% non-responses rate

Thus, a total sample of 312 women with reproductive age with the disability group participated.

The sample frame was obtained from Arba Minch university HDS data base. A total of 782 married and union women with disabilities select for sample for this study. Finally 312 married and union women with disabilities were select by lottery methods.

Data was gathered using four diploma midwives. One of the data collectors was able to communicate by sign language to obtain information from the deaf. The data collectors were trained for one and half days before the data collection on strategy of collection and data recording. Lecturing, mock interviews, and actual field practice were used to train data collectors. The data collection was done under close supervision

The interviewer-administered questioner was used for data collection. To collect data from the deaf a female who can speak sign language were used and for the blind since the questionnaire was interviewer-administered their blindness was not affecting the process.

### Statistical analysis

All filed questioners were checked for completeness, consistency, and accuracy, then the data were entered to Epi info version 3.7 and analyzed by statically package of social science (SPSS) version 20.

Bivariate analysis with a crude OR (COR) of 95% CI was used to assess the degree of association between each independent variable and the outcome variable by using binary logistic regression. Independent variables with a P-value of  $\leq 0.25$  were included in the multivariable analysis to control confounding factors. Crude and adjusted odds ratios along with 95% of confidence interval were used to identify factors associated with the outcome variable.

## Results

### Socio-demographic characteristics of the respondents

A total of two hundred ninety-eight married women with disability have participated with a response rate of 95.5%. The age of women ranges from 15-40, with the mean age of 23.15 (SD  $\pm 5.1$ ) years. About seventy-six women (25.5%) and forty five (15.1%) partners had never been enrolled in formal education. A total of eighty-nine respondents were employed while 90 were students and 68 were unemployed. Respondents who were protestant followers accounted for 163(54.7%), followed by 99(33.2%) who were orthodox and the rest were others including Muslim, Catholic, Adventist 36(12.1%). About 76(22.5%) of the respondents were categorized as having low household income and 86(28.9%) as moderate while 136(45.6%) were categorized as having a high household income.

## Reproductive health characteristics of the study population

One hundred forty two respondents have given birth of which 28.5 % of the respondents had experienced child loss or death. Half of the women (50.7%) reported having the desire to have children after two years and 11.8% desired no or no more children while the remaining 37.5% want within two years.

## Client characteristics related factors

One hundred forty women with disabilities discuss with their partner. On the other hand, 69.2 percent of women were supported by their partner to use FP. Majority disabilities around 71 percent of the women are physical impairments.

## General knowledge about family planning

The collected information regarding knowledge of contraceptive methods was after describing each method and asking respondents if she had heard of it. Using this approach, interviewers collected information about 9 modern FP methods and two traditional methods. Knowledge of at least one method of contraception likely to have about it is 89.9%. Concerning the level of attitude for family planning, more than half of the respondents (62%) had positive attitudes for FP utilization.

## The magnitude of unmet need for family planning

The prevalence of unmet need for family planning among married and union women with disabilities was 25.16%.

## Factor affecting the unmet need for family planning

This study showed that unmet need for family planning women with disabilities young adults women (AOR= 5.4(1.6-18.4)) times more likely to have unmet needs compared to whose age above 30. The study also indicated that the odds of being unmet need three times higher among those women with disabilities who had not discussed it with their partners. Women who had a negative attitude were 2.4 times more likely to unmet need for family planning than positive attitudes (AOR 2.4:95% CI, 1.1- 5.6).

## Discussions

The finding of this study stated that prevalence of unmet need for FP is 25.16% among married and union women with a disability which is higher than national unmet need (22%) of EDHS 2016 [10]. This difference could be the studies included both participants with and without disabilities. It is clear women without disabilities had better access to information about contraceptives and services than women with disabilities.

Nevertheless, in line with the study conducted in Bahir Dar among 337 women of reproductive age group with disabilities in 2013 showed that the level of unmet need for family planning was 24.3% [11]. A similar cross-sectional study done in Addis Ababa among women's reproductive age group with disabilities showed that the magnitude of the Unmet need for contraception was 20% among sexually active women with disabilities (10.6% for spacing and 9.4% for limiting) [12]. Slightly lower than this

finding this may be due to access and awareness on family planning methods among women with disabilities might have increased through the past five years found and study population and method difference in Addis Ababa.

A cross-sectional study conducted Arba Mincha Zuria district in 2013 unmet need for family planning among married women showed that unmet need for family planning was 41.5% almost two times higher than this study. The reason may due to that Arba Minch is the capital city of the Gamo zone with more availability and accessibility of health facilities than the district [16].

Regarding factors related to the unmet needs for family planning the multivariate model results also indicate that women's age shows a strong relationship and likelihood of having unmet needs. It is about five and half times more likely for women with ages between 20-24 years to have unmet needs as compared to those of the ages greater than 30 years. These findings were supported by the study done in Bahirdar [11]. This implies that young adult women have more unmet needs which might be attributed probably due to lack of knowledge on contraceptives and the desire to have more children.

This study also gives a clear indication that women with a negative attitude on contraceptives are two and a half more likely to have unmet needs for FP which supported by the study in Awi zone [19]. This might be due to; having a positive attitude that was important for using the family planning methods.

In this study, married women with disabilities who had never discussed family planning with their partner had 3.4 times higher than the unmet need for family planning compared with women who discussed. A similar study done in Addis Ababa who had discussed family planning with their partner had the highest unmet need for family planning compared with women who never discussed [12].

A similar cross-sectional survey in Butajira division of southeast Ethiopia evidenced that discussion about the use of contraceptives between couples showed was 2.2 times less likely to have an unmet need for family planning compared to those who did not discuss family planning [20]. This shows as discussed in contraceptive use males play a major role in decision making on family planning utilization of women with disabilities but the current efforts which are being made to assure inclusive family planning services to women with disabilities are not involving a male.

## Conclusion

This finding showed the unmet need for family planning among disabled married women in southern Ethiopia was high than the national survey. Factors that are found to have associated with the unmet need for family planning were women's age, attitude and discussion with a partner about family planning. So we recommend that each town administration, Persons with disability (PWD) Organizations, other governmental and NGOs should strengthen their family planning and SRH friendly service with special focus on a young age and partner incorporation. The health extension workers and community nurses should increase their encouraged, educated women with disabilities to enhance a positive attitude for family planning.

## Declaration

### Ethical approval and consent to participate

Ethical clearance was obtained from an ethical clearance committee of Arba Minch University College of Medicine and Health Science. A permission letter was written to the Arba Minch town administrations to conduct the study and another permission letter was also obtained from each town administration. Informed verbal and written consent was obtained from each respondent irrespective of age. Finally, the informed consent was taking those whose age less than 18 partner.

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## References

- 1 Lata K, Barman SK, Ram R, Mukherjee S, Ram AK (2012) Prevalence and determinants of unmet need for family planning in Kishanganj district, Bihar, India. *Global J Med and Public Health* 1:29-33.
- 2 World Health Organization (2015) World health statistics 2015.
- 3 Anderson P, Kitchin R (2000) Disability, space and sexuality: access to family planning services. *Soc Sci Med* 51:1163-1173.
- 4 Mosher W, Bloom T, Hughes R, Horton L, Mojtabai R, et al. (2017) Disparities in receipt of family planning services by disability status: new estimates from the National Survey of Family Growth. *Disabil Health J* 10:394-399.
- 5 World Health Organization (2015) WHO global disability action plan 2014-2021: Better health for all people with disability.
- 6 Krahn GL (2011) WHO World Report on Disability: a review. *Disabil Health J* 4:141-142.
- 7 Lutalo T, Gray R, Santelli J, Guwatudde D, Brahmbhatt H, et al. (2018) Unfulfilled need for contraception among women with unmet need but with the intention to use contraception in Rakai, Uganda: a longitudinal study. *BMC Women's Health* 18:60.
- 8 Lambert LA, Hatcher JB, Wang X (2018) Access to Reproductive Health Services and Maternal Perceptions on Family Planning in an Indigenous Guatemalan Valley. *Int J Reprod Med* 2018:7879230.
- 9 Choi Y, Fabric MS, Adetunji J (2016) Measuring access to family planning: Conceptual frameworks and DHS data. *Stud Fam Plann* 47:145-161.
- 10 Edhs E (2016) demographic and health survey 2016: key indicators report. The DHS Program ICF.
- 11 Tessema AL, Bishaw MA, Bunare TS (2015) Assessment of the magnitude and associated factors of unmet need for family planning among women of reproductive age group with disabilities in Bahir Dar City, Amhara Region, North West Ethiopia. *Open J Epidemiol* 5:51.
- 12 Abera S (2016) The Assessment of Determinants of Family Planning Use and Unmet Need among Women of Reproductive Age Group with Disabilities in Addis Ababa: Addis Ababa University.
- 13 Lee JE, Kim HR, Shin HI (2014) Accessibility of medical services for persons with disabilities: comparison with the general population in Korea. *Disability and rehabilitation* 36:1728-1734.
- 14 Seyife A, Fisseha G, Yebyo H, Gidey G, Gerense H (2019) Utilization of modern contraceptives and predictors among women in Shimelba refugee camp, Northern Ethiopia. *PLoS one* 14.
- 15 Sedgh G, Ashford LS, Hussain R (2016) Unmet need for contraception in developing countries: examining Women's reasons for not using a method. New York: Guttmacher Institute 2015-16.
- 16 Shifa GT, Kondale M (2014) High unmet need for family planning and factors contributing to it in southern Ethiopia: A community based cross-sectional study. *Global J Med Res* 14.
- 17 Sedgh G, Ashford LS, Hussain R (2016) Unmet need for contraception in developing countries: examine women's reasons for not using a method. The Guttmacher Institute.
- 18 Wulifan JK, Brenner S, Jahn A, De Allegri M (2015) A scoping review on determinants of unmet need for family planning among women of reproductive age in low and middle income countries. *BMC Women's Health* 16:2.
- 19 Genet E, Abeje G, Ejigu T (2015) Determinants of unmet need for family planning among currently married women in Dangila town administration, Awi Zone, Amhara regional state; a cross sectional study. *Reproductive Health* 12:42.
- 20 Mekonnen W, Worku A (2011) Determinants of low family planning use and high unmet need in Butajira District, South Central Ethiopia. *Reproductive Health* 8:37.

## Availability of Data and Materials

Full data set and other materials relating to this study could obtain from the corresponding author upon reasonable request.

## Competing Interests

The authors declare that there is no financial and non-financial conflict of interest regarding the publication of this paper.

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## Author Contributions

YM conceived the study, developed the proposal, carried out data collection, conducted the analysis, involved in reviewing the manuscript and had full access to all the data in the study and had final responsibility for the decision to submit for publication. YM also provided general guidance on overall study progress and participated in reviewing the proposal, reviewing the analysis and participated in the final study document development. YM involved in drafting and reviewing the manuscript.