

Family Planning for All: Empowering Every Path to Parenthood

Gender and Society

(GROUP 7)

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Causes of the Problem

The study of Fitrianiingsih (2022) assessed the various factors that made women of childbearing age to have unmet family planning needs. It was conducted in the slums of Bandung City, Indonesia using a cross-sectional study of 304 women. It was found out that marital age and family income play significant impacts on experiencing unmet family planning. At the same time, gender inequality and media portrayals also have roles in the experience. This can be said that the surrounding life events, culture, and income status of women can affect their decision-making and cause them to experience unmet family planning.

The study of Garcia Estrada et al., (2024) observed in-depth the relationship between the Responsible Parenthood and Reproductive Health Law in the Philippines and unmet family planning. Qui forwarded a message Qui Nan The study of Garcia Estrada et al., (2024) observed in-depth the relationship between the Responsible Parenthood and Reproductive Health Law in the Philippines and unmet family planning. Using quantitative methods, the researchers were able to observe that throughout the years, there is a persistent gap between women of the lowest and highest socioeconomic strata in meeting their family planning needs. It is concluded that while contraceptives became more accessible and unmet family planning declined from 2017 to 2023, there is still an economic gap between classes.

The study conducted in Bishoftu, Eastern Ethiopia by Garo et al. (2021), examined the factors impacting unmet family planning requirements in an urban setting characterized by fast industrialization and internal migration. The researchers used a community-based cross-sectional design with 847 married women of reproductive age, with 828 completing the survey. The survey discovered that 26% of individuals had unmet family planning requirements, exceeding the

national objective of 10%.

The study revealed numerous risk factors for unmet needs, including maternal age, education level, work position, and inadequate healthcare access. Women with lower education levels, housewives, and those who had few encounters with healthcare providers were more likely to have unmet requirements. Despite an increase in contraceptive use from 8% in 2000 to 44% in 2019, Ethiopia's unmet demand remains large at 22% in 2020, notably in Oromia, where the prevalence is highest (29%).

The findings underline the importance of improving health education and access to family planning services, particularly in urbanizing areas where population shifts present extra obstacles. Addressing socio-demographic disparities is critical to bridging the gap in family planning services and achieving reproductive health objectives.

The Global Health Observatory of the WHO defined that unmet need for family planning is the lack of access to contraceptives. It is also the same women who have no desire to have another child. UNM is also defined as the percentage of women who are fertile and sexually active but do not use a contraceptive technique and have a desire to delay or limit future births. The concept emphasizes the mismatch between women's reproductive goals and actual contraceptive actions, exposing gaps in access to family planning options. To assess and estimate the demographics for the unmet need, they use Demographic and Health Surveys (DHS), Fertility and Family Surveys (FFS), and Reproductive Health Surveys (RHS) for each region. Moreover, it defines that unmet family planning is a human right that is also reflective of a country's healthcare system.

The study of Nagai et al., (2019), equipped an exploratory mixed approach to assess the relationship between missed opportunities to provide family planning services and its impact to

effective usage of contraceptives in the Philippines. Using 101 randomly selected nationally representative health facilities, the researchers collected data on contraceptive use, counseling and availability were collected using interviews and facility assessments. It is found that missed opportunities on family planning services are widespread over the country and that systemic, structural, and cultural barriers must be addressed to provide these unmet opportunities.

Trisolini et al. (2023) stated in their study that the causes of poor family planning services and low contraceptive utilization stem from several interrelated issues. Provider bias plays a significant role, as many healthcare providers impose unnecessary barriers, such as requiring women to have children before accessing contraceptives or demanding male partner consent, which directly contradicts the Responsible Parenthood and Reproductive Health (RPRH) Law of 2012.

In a study based on a public university in Ghana, it states that the low contraceptive use among students is driven by cultural and religious pressures discouraging contraceptives, poor access to services in educational institutions, pressure of the current issue, and lack of partner support all contributed to the problem. Despite high awareness, misconceptions, fear of side effects, and insufficient counseling prevented effective implementation of family planning. Additionally, institutional failures, such as a lack of reproductive health services and confidential counseling further hindered contraceptive use (Gbagbo & Nkrumah, 2019).

According to Kasim & Ndumbarp (2022), many women in Tanzania, especially those with lower education, struggle to understand and apply family planning information. With little understanding leads to an inability to appreciate and use available family planning services. Families with lower economic status face difficulties in accessing family planning information due to lack of resources like radios and televisions, limiting their exposure to crucial family planning

messages.

Certain religious teachings discourage the use of contraceptives, as it is seen as interfering with God's will, preventing women and their partners from seeking information or using modern family planning methods.

Alongside the religious constraints, there are also cultural aspects that hinder the proper implementation of family planning methods. Child marriage restricts girls' choices in choosing family planning and contraception use by pressuring them to have children at a young age. High rates of adolescent pregnancies may also be a result of young girls, who have little educational and career opportunities, viewing pregnancy and motherhood as a valued duty. Adolescents also frequently encounter obstacles when trying to obtain contraceptives because of stigma, ignorance, lack of funds, restricted legislation, and prejudiced attitudes from medical professionals. In addition to having its roots in gender inequity, child sexual abuse raises the chance of unwanted pregnancies, particularly for girls (WHO, 2023).

Based on the study of Coulson et al. (2023), unmet family planning is caused by three (3) major things: supply, provider, and consumer perspectives. Supply is defined as ensuring the availability of a wide range of quality contraceptives is critical, but many regions face challenges. While improvements have been made in manufacturing and distribution, stock-outs and limited options persist, especially in low and middle-income countries (LMICs). The provider argues that the quality of family planning services is essential in meeting the demand. However, provider biases based on age, marital status, or personal beliefs can restrict access, particularly for adolescents or unmarried women. Poor quality counseling and long waiting times at health centers can lead to dissatisfaction and discontinuation of contraceptive use. In fact, a significant number of women discontinue contraception due to the service environment, including lack of adequate counseling or choice of methods. Finally, the consumer posits that while overall knowledge of

family planning has improved, certain vulnerable groups, such as adolescents, displaced women, and those living with HIV, continue to face gaps in awareness. Lack of comprehensive sexuality education and misinformation contribute to unmet need among these groups, leading to unintended pregnancies. Postpartum women may underestimate their risk of pregnancy, while women with HIV often lack tailored family planning information, resulting in lower contraceptive use.

Religion generally has a significant impact on how people feel about family planning, including how big of a family to have, whether to use contraceptives and reproductive health. There is opposition to family planning programs because many religious beliefs support traditional family arrangements and prohibit the use of contraception. In the long run, this conflict can impact the health and well-being of families and communities by imposing challenges to education and access.

Natividad (2018) claimed that religion, especially Catholic church doctrine, can be an essential cause of concerns that prevent couples from using family planning efficiently. Many Filipino women have moral challenges because of the church's teachings on abortion and contraception, which cause them to be divided internally between their beliefs and reproductive choices. This conflict often leads to women feeling forced to strictly adhere to these beliefs, which can hinder their capacity to make educated decisions regarding their reproductive health. The research emphasizes how the overall impact of religion still limits women's choices, even though they may reconsider such concepts to achieve a moral equilibrium. Furthermore, these limitations are made worse by the combination of gender and socioeconomic class, as poor women have a more challenging time getting family planning services because of governmental policies that support religious beliefs. Therefore, strict devotion to religious doctrine may prevent couples from seeking efficient family planning, which may eventually affect their reproductive freedom and

quality of life.

The lack of access to contraception, counseling, and reproductive health services restricted people's capacity to plan their families while also endangering mother and child health. A study by Vidhyalakshmi et al. (2023) stated that inaccessibility to family planning services has arisen as a serious concern, especially during the COVID-19 outbreak. The lack of contraceptive supplies, which impacted about 14.72% of the study population, is a significant challenge that made it difficult for women to get the contraceptives they needed. Access to crucial reproductive health care became even more difficult as a result of the epidemic, which also caused family planning services to be severely limited or stopped entirely. Many women had trouble finding experts to help them decide their pregnancies, and many of them went to general practitioners because they couldn't find the treatment they needed. Logistical problems, including transportation challenges and the risk of contracting COVID-19, made this inaccessibility even worse, discouraging women from getting the medical care they needed. The study also found that an essential portion of women had unexpected births, with 70% of these instances being attributed to a lack of available family planning options during the pandemic. All these variables work together to point out the severe difficulties caused by limited access to family planning services and the urgent need for better access and crisis care.

Effective family planning is severely hindered by a lack of education, especially in developing countries where high fertility rates and inadequate contraception needs are common. Education is crucial in educating people about the different types of contraceptives available and the significance of family planning, which includes knowing when and how to schedule births. Without this information, many people are naive about their options, which causes them to rely on not enough or nonexistent procedures, which can result in unwanted births. Women can become powerless in discussions regarding the size of families because of gender inequality, which is made

worse by a lack of education Furthermore, a lack of education might cause couples to communicate poorly about family planning, which can cause miscommunications and unhappy marriages. The economic consequences are especially relevant because families with low levels of education frequently face financial difficulties, which makes it challenging for them to get family planning materials. The quality of life for families in these areas is eventually impacted by the cycle created by poverty and illiteracy, which support high fertility rates and inadequate family planning methods. To empower people, increase awareness, and promote improved family planning methods in underdeveloped nations, educational difficulties must be addressed (Sultan, 2018).

Effects of the Problem

Schonewille et al. (2023) give quite a glimpse of how massive it is to have unmet family planning demands in people affected with mental health problems. It reveals that about half of these people experience unwanted pregnancies (45.4%) and infertility (48.3%) which lead to even higher stress, anxiety, and inadequacy. They have issues such as poor decision-making skills and cultural barriers that discourage open discussions on issues to do with sexuality and family planning, making their mental health worse. Uniquely designed family planning services meeting the needs of this type of group are highlighted by the study. Such services should comprise discussions on the intended pregnancies and or exclusion of parenthood to address the mental health issues due to poor family planning.

Zuravin (1991) study shows that Family planning, especially if it is unmet, raises the probability of child abuse, especially in low-income families headed by women. It is demonstrated that teen birth increases the probability of abuse, as families that did not plan for a child also will have difficulties meeting the needs of all of their children. The study shows that every such birth increases the likelihood of abuse, and families that have given birth to more than one unplanned birth are significantly more likely to be abusive. This implies that better

childbearing preferences control could be a valuable approach towards lowering the rates of child abuse since planned parenthood means that parents can adequately provide for the family and child's needs as well as create a superior environment that protects the kid.

Nazir et al. (2015) highlighted the family planning needs that go unmet immensely affect population increase by resulting in higher birth rates and unwanted pregnancies, especially in third-world nations. If everyone or couples cannot access or lack knowledge on contraceptive methods, they will be forced to have more kids than they wanted which would mean more persons to feed, clothing, and shelter, and thus the population density. Such a state can even worsen problems like poverty, insufficient medical care, and restricted education, which leads to a cycle of unsatisfied needs and socioeconomic problems. Raising these unmet needs for family planning services education aids in checking population explosive growth as well as promoting the General welfare of the community.

Buddhapriya (2009) discusses the failure to utilize family planning services can greatly determine an individual's success in a career, especially for women professionals as seen in the survey results. Society imposes domestic demands on female employees, which could negatively affect their career mobility and predetermined choices between family responsibilities and organizational opportunities. The Traditional Gender Roles pressure brings into light more gender inequalities where women may feel incapacitated to explore their potential fully at work since they are Challenged with the duty of childcaring and home management. This conflict is worse in organizations where there is no gender-sensitive policies and or structures, sounding, flexible working hours, and childcare facilities among them, this in effect hinders their careers and growth. Therefore, meeting unmet family planning needs can go a long way in ensuring that women have better work and family balance and move up the job ladder.

Akanksha et al. (2014) study analysis reveals evidence that unmet family planning needs

have a bearing on female students in the rural setting since their education and the space for self-development are constrained. Given social consequences, youth especially, females, experience unwanted pregnancies from lack of contraceptives consequently, experience early school dropouts and can barely be educated higher or undergo vocational training. The survey reveals that constraints such as inadequate information, perceived adverse effects, and family members' disapproval affect family planning regardless of these factors: age; education level; region; and occupation; although young Victorian women and those with lower education are more likely to be limited. Therefore, meeting unmet family planning needs is important to reduce mortality as well as help the woman students achieve their education goals and improve their status in rural areas.

Target Audience

Based on Ghosh & Thornton (2024), their study's target audiences are young married women in Jordan, especially those living with their mothers-in-law, often face pressure in family planning decisions, with their mothers-in-law playing a significant role in influencing reproductive health choices. This impacts not only the women themselves but also, their spouses and broader households, as improved family planning leads to better overall health, financial stability, and gender equity.

The target audiences of the study by Ghose et al (2024) are in Mauritania, women of reproductive age, especially those with limited access to healthcare, are key advocates for family planning, as exposure to social media messages promotes the use of maternal healthcare services. This benefits not only the women but also broader households, leading to healthier pregnancies, reduced mortality, and improved economic conditions for families. Similarly, in Saudi Arabia, Muslim women with unmet contraceptive needs face cultural barriers, lack of education, and healthcare provider reluctance. Addressing these challenges would benefit not only the women but also

healthcare providers and policymakers, allowing them to design more effective reproductive health services.

The Muslim women in Saudi Arabia are the target audience of Alomair et al, (2023), especially those with unmet contraceptive needs, serve as advocates, facing challenges such as cultural norms, lack of education, and reluctance from healthcare providers. Addressing these issues not only benefits the women themselves but also healthcare providers and policymakers, who can better design services to meet women's reproductive needs.

According to Kingo et al, (2024), young people aged 15-24 are key advocates for family planning, as they are directly impacted by limited access to reproductive health services. Ensuring their needs are met is vital for their overall well-being and future prospects. The broader community also benefits from improved family planning services, which result in better health outcomes, fewer unintended pregnancies, and greater economic stability. Additionally, government and NGOs can achieve their health and development goals through effective advocacy in this area.

Women with psychiatric disorders are key advocates for this advocacy, as they face a higher risk of unintended pregnancies and unique challenges in family planning. Beneficiaries include healthcare providers, mental health professionals, and policymakers who can implement supportive measures to address these needs (Ahmad et al, 2024).

Religious figures and or groups have a huge role in influencing the public's perception about the importance of family planning. According to Bormet (2020), studies in Kenya and Zambia showed that equipping religious leaders and faith-based organizations with fact-based knowledge, training and culturally appropriate messaging can help them effectively advocate for family planning within their communities and governments. By aligning family planning advocacy with the values of religious groups, the advocacy can foster acceptance and support within religious congregations.

Therefore, targeting religious leaders as part of the advocacy can be beneficial especially if they can help amplify the message of the campaign in their respective communities and influences.

Catering to the youth on a family planning advocacy is significantly important for the betterment of the general health of the next generation. As stated by Britain et al (2015), making the youth knowledgeable by incorporating youth-focused educational incentives can empower them in making informed decisions about their reproductive health. Partnering and or catering to the youth could help amplify their voices and push policies that prioritize their reproductive health and rights. Addressing the youth could also give them the sense of ownership and empowerment, making them more likely to participate in and promote family planning initiatives in the future. Overall, making the youth the central part of the advocacy aids in connecting with them and making them feel empowered could ultimately lead to a better sexual and reproductive health of the next generation.

Advocacy Partners

Student organizations may be powerful platforms for promoting family planning. These organizations may normalize and lessen the stigma associated with family planning by incorporating reproductive health education into their promotional activities. Youth play an important role in supporting family planning (FP) by leveraging their distinct perspectives and social networks. The study by Cartwright et al. (2019) found that peers have a significant impact on unmarried youth's FP decisions, with 80.2% of respondents saying that friends are the most significant consideration in their decision to utilize FP services. The ability of young people to exchange helpful knowledge and support within their surroundings is highlighted by this peer influence, which raises awareness and accessibility to FP possibilities. Youth can also encourage a more open discussion about reproductive health by highlighting their preferred information sources and correcting myths about FP. This comprehensive strategy guarantees that family

planning services are more accessible and responsive to the various needs of young people while also empowering them to make their own reproductive decisions. Youth participation in family planning programs is crucial to developing successful programs that respond to their preferences and experiences, which will eventually improve the health of young people.

We, being IT students, the least we can do is to contribute in the way we know in our field. One thing is the creation of a website which contains information about the things to know in family planning. Online platforms are widely spread nowadays so might as well make use of it in the best possible way, it can provide an essential forum for educating people about the advantages of modern contraception. Social media also empowers women by giving them access to resources and information that help them make educated decisions about their reproductive health. Women are encouraged to seek family planning services going through similar struggles. Additionally, specific campaigns can be created to target particular groups of people that greatly benefit from internet access, such as women with a low level of education. Furthermore, social media facilitates access to clinics and educational materials and presents information about family planning choices, allowing women to make timely and informed decisions (Toffolutti et al., 2020).

Making DOH (Department of Health) a main partner of an advocacy about family planning can greatly affect the effectiveness of the said campaign through their influence and resources. According to F. Esguerra (1993), collaborating with DOH can enhance the educational outreach of the advocacy and ensure that the information about our advocacy is culturally sensitive and accurate. The advocacy can also benefit from the previous programs conducted by the DOH, with their expertise and influence in shaping family planning policies in both local and national levels. Therefore, joining forces with DOH could greatly enhance the knowledge and influence of advocacy in multiple areas.

Collaborating IPPF (International Planned Parenthood Federation) can aid advocacy in various

areas such as resources, reach, and more. As stated by E. Ketting (1996), teaming with the IPPF could potentially launch advocacy on an international scale since the federation has a global reach enhancing the advocacies reach and impact. Collaborating with IPPF will also strengthen our advocacy by highlighting gender equality and reproductive rights due to the federation's emphasis on women empowerment and the right of reproductive health education. Additionally, partnering with an organization that has already established connections can help amplify the message of the advocacy and call for policy change.

Teaming up with FPOP (Family Planning Organization of the Philippines) could significantly aid in influencing and targeting the Filipino masses as they are a local organization that understands the local demographic in many ways. As per Marcelino, A. (1996), collaborating with an established organization that combats misinformation launched by the catholic church could greatly amplify the voice of the advocacy and provide much needed resources to address challenges. As a local organization who understands the Filipino culture in various aspects it can help aid the message of the advocacy and approach to resonate with the general public. Associating with an organization with established connections with policymakers and decision makers can help facilitate this process and foster supportive legislation. In conclusion, cooperating with an established organization with great understanding of the local culture and connections could substantially move forward the advocacy magnify its effects.

India has a significant unmet need for family planning among newly married couples due to cultural norms, lack of education, and limited access to contraception. Advocacy in this area would promote the health and autonomy of young couples by providing better access to contraceptives and family planning education.

According to Jejeebhoy & Zavier (2014), long acting and permanent methods of ontraception can significantly help India achieve its family planning goals. However, India faces

cultural norms that create barriers to contraceptive use among newlywed couples. Cultural expectations, limited education, and restricted access to family planning services contribute to this issue. Advocating for accessible contraceptive services and education can improve health outcomes, promote autonomy, and help these couples make informed reproductive choices.

Sub-Saharan Africa faces high rates of unintended pregnancies and early marriages, making it vital to address the unmet need for contraception among young couples. Advocating for accessible family planning services would empower couples to make informed reproductive choices, reducing health risks for mothers and children.

Cleland et al. (2014) highlighted those unmet needs for contraception in Sub-Saharan Africa have created a ripple effect, increasing health risks for women and children. Early marriages and unintended pregnancies are widespread, making it essential to provide young couples with access to family planning resources. Providing these services would empower individuals to make informed reproductive decisions, ultimately reducing maternal and child health risks.

In many developing countries, low income and limited access to education are significant barriers to family planning. Advocating for better education and affordable contraceptive services would allow young couples to make responsible reproductive decisions that support economic stability and family well-being.

As discussed by Casterline & Sinding (2000), unmet family planning needs are closely linked to socioeconomic and educational factors in many developing countries. Economic challenges and limited education often prevent young couples from accessing contraceptives. By advocating for better family planning education and affordable contraceptive services, these couples can achieve both economic stability and better reproductive health.

Southeast Asia presents cultural and informational barriers to family planning among

young couples, often leading to unmet needs. Advocacy can help provide accessible contraceptive information and challenge societal norms that discourage family planning, empowering couples to make informed choices.

Prata et al. (2017) emphasize the importance of overcoming cultural and informational barriers to family planning, particularly in Southeast Asia. Societal norms often discourage the use of contraception, leading to unmet family planning needs. Providing better access to contraceptive information and advocating for changes in these cultural norms will empower couples to make informed family planning choices.

Newlywed couples in Latin America often face unmet family planning needs due to limited access to education and healthcare. Advocacy for community-based programs can empower couples with the information and services they need to manage their reproductive health responsibly.

As Bongaarts (2017) has shown, community-based family planning programs are essential for addressing the unmet needs of newlywed couples in Latin America. Limited access to education and healthcare services often hinders family planning efforts. Advocacy for community-based interventions can empower couples with the necessary tools to manage their reproductive health responsibly, while also enhancing local healthcare infrastructure.

Proposed Projects, Programs, and Activities

In a study by Mauldin & Ross (1991) they talked about various activities and programs used to further help introduce family planning in developing countries. Their average program efficiency garnered a score of 44 from a 29, indicating a drastic improvement. Some of the programs included: policy and stage-setting activities (with concern to fertility and population growth), advertisement of contraceptives in the mass media, community-based distribution of

contraceptives, and postpartum programs to name a few.

In a statistical review and evaluation by Lapham and Mauldin (1972), they used a framework that consisted of four sections: statistical measurements concerning acceptors and users, procedural and supportive measures that have been adopted by some programs and may have some relationship to increased acceptance and use of contraceptives and maternal health services, fertility reduction measurements, and social economic phenomena related to fertility reduction process. Their study concluded that family planning programs have yet to be given a fair trial as a means to help in family making and fertility control.

Askew (1989) proved that through strong guidance, family planning programs can meet success. Participation is stated to be a key player in determining whether these programs will be a success. To which they concluded that associations and organizations were able to encourage an increased participation.

Laing (1981) created a paper that explored the effects of Philippine family planning outreach projects on contraceptive prevalence. Laing concluded that there were certain parts of the outreach programs that gained better traction compared to others. He also stated that mass media projects failed, and the reason is not clear. He said that some of these aspects may not be effectively designed for the purpose of helping family planning projects prevail in the long run.

Schweigart's (1974) paper delved into the various family planning programmes done in other countries. In his abstract, he stated that there is the conventional family planning model and an extended model used in refurbishing family planning programs. The conventional model integrates the family planning with other health services whereas the extended model has the maternal child health unit as a combination with the family planning itself.

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