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ASSOCIATED FACTORS FOR NONE USING FAMILY PLANNING METHODS AMONG FEMALES IN SELECTED RURAL SETTINGS: SRI LANKA

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ABSTRACT

This study explores the factors influencing the non-utilization of family planning methods among married women aged 15-49 in the rural setting of Nuwara Eliya, Sri Lanka. The introduction provides a contextual background, emphasizing the significance of family planning and the widespread challenges faced in the region. The methodology involves a community-based descriptive cross-sectional study, focusing on 325 women aged 15-49. The study employs non-probability convenient sampling, utilizing interviewer-administered questionnaires and descriptive analysis techniques facilitated by SPSS version 25.0. The results reveal a strong correlation between educational status and family planning non-utilization, with lower educational levels associated with a higher percentage of non-users. The study identifies administrative failures, communication barriers, and healthcare accessibility issues as contributors to the unmet need for contraceptives. In conclusion, Nuwara Eliya's high maternal mortality rates underscore the urgency for structural changes in healthcare administration and policy reforms. Recommendations include strengthening the healthcare workforce, optimizing public health infrastructure, fostering community engagement, advocating for policy changes, and implementing data-driven strategies. This comprehensive approach aims to address the root causes of non-utilization, ultimately improving maternal health outcomes and socio-economic conditions in Nuwara Eliya.

INTRODUCTION

In the evolving landscape of global health, family planning emerges as a crucial component, playing a pivotal role in the well-being of communities and the overall socio-economic development of nations. At its core, family planning involves the conscious effort of couples to regulate the number and spacing of their children, enabling them to make informed decisions about their reproductive lives. Central to the practice of family planning is the utilization of contraceptives, a diverse array of methods designed to prevent unintended pregnancies and empower individuals to take charge of their reproductive health.

Family planning encompasses a spectrum of strategies and interventions aimed at enabling individuals and couples to exercise control over the timing and spacing of their children. This deliberate choice not only fosters the health and prosperity of families but also contributes to broader societal advancements. Beyond the personal sphere, effective family planning has far-reaching implications for maternal and child health, gender equality, poverty reduction, and sustainable development.

Contraceptives, as integral components of family planning, constitute a diverse range of methods designed to prevent conception or impede the implantation of a fertilized egg. These methods include hormonal contraceptives, barrier methods, intrauterine devices (IUDs), and permanent sterilization. The utilization of contraceptives empowers individuals to exercise control over their reproductive choices, providing a means to delay, space, or limit pregnancies according to their preferences.

Different contraceptives cater to varied needs, offering flexibility and choice to individuals based on factors such as health considerations, lifestyle, and personal preferences. The impact of contraceptives extends beyond the prevention of unintended pregnancies; they contribute significantly to the reduction of maternal mortality, the promotion of women's rights, and the enhancement of overall family well-being.

While family planning encapsulates a broader concept of reproductive health decision-making, contraceptives represent the tangible tools and methods employed to achieve those decisions. Family planning involves comprehensive decision-making about when to start a family, the desired number of children, and the optimal spacing between pregnancies. Contraceptives, on the other hand, are the means through which these decisions are implemented, serving as effective instruments to achieve the goals outlined in the family planning process.

The advantages of embracing family planning are manifold. First and foremost, it empowers individuals, especially women, by affording them the autonomy to make choices aligned with their life goals. By enabling couples to plan and space pregnancies, family planning

contributes to improved maternal and child health outcomes, reducing the risks associated with closely spaced or unintended pregnancies.

Furthermore, family planning is a catalyst for socio-economic development. As families plan and manage the size of their households, resources can be allocated more efficiently, fostering economic stability and elevating living standards. Education, particularly for women, tends to improve as family sizes decrease, creating a ripple effect that positively impacts entire communities.

In essence, the judicious practice of family planning, facilitated by the thoughtful use of contraceptives, emerges as a cornerstone in the journey toward healthier, more equitable, and prosperous societies. This study endeavors to explore the associated factors influencing the non-use of family planning methods among females in selected rural settings in Sri Lanka, recognizing the nuanced interplay between cultural, socio-economic, and healthcare-related factors in shaping reproductive choices.

In Sri Lanka, the comprehensive network of family planning services spans from public health facilities to community-based initiatives, aiming to provide accessibility and inclusivity. However, the disconnection between the availability of services and their effective utilization has given rise to noteworthy concerns. The impacts of this underutilization resonate on multiple levels, affecting individuals who are deprived of the benefits of informed reproductive choices, families grappling with unplanned pregnancies, and the country facing potential challenges associated with demographic dynamics.

At the individual level, the consequences of non-engagement with family planning can manifest in compromised health, limited educational opportunities, and constrained economic prospects. Unplanned pregnancies may lead to heightened maternal health risks and hinder the overall well-being of women. Families, burdened by unanticipated additions, may face challenges in providing adequate resources and opportunities to each member. Collectively, these individual and familial repercussions contribute to broader societal implications, influencing demographic trends, healthcare demands, and economic dynamics.

The imperative to delve into the factors influencing the non-use of family planning methods in selected rural settings in Sri Lanka becomes evident against this backdrop. This study is not merely an academic pursuit but an essential endeavor with tangible implications for public health and societal progress. By identifying and addressing the barriers that hinder effective engagement with family planning, we aim to bridge the gap between the availability of services and their optimal utilization.

Understanding the intricacies of why individuals in these rural settings are not actively participating in family planning is crucial. The study aims to unravel the multifaceted nature of these challenges, encompassing cultural, socio-economic, and healthcare-related dimensions. By shedding light on these factors, we aspire to provide actionable insights that can inform targeted interventions, policy enhancements, and community-based initiatives.

Addressing these factors not only facilitates the realization of individual reproductive choices but also contributes to the overall well-being of families and, by extension, the socio-economic fabric of the nation.

In conclusion, the study's importance lies not only in its potential to contribute to academic knowledge but, more importantly, in its capacity to effect tangible positive change. Through the identification and mitigation of barriers to family planning utilization, we aspire to pave the way for healthier, more empowered individuals, stronger families, and a resilient nation.

Methodology

The research employed a community-based descriptive cross-sectional design to investigate factors influencing the non-use of modern family planning techniques among married women aged 15-49 in the Nuwara Eliya District, Sri Lanka. The study focused on women within this age range who were not currently utilizing modern family planning methods. Exclusions were made for women actively seeking pregnancy and those refraining from family planning methods due to medical reasons. The inclusion criteria comprised women of reproductive age (15-49 years).

A sample size of 325 participants was determined, and a non-probability convenient sampling technique was applied for participant recruitment. This approach involved leveraging the Family Register maintained by Public Health Midwives (PHM) who identified women in their jurisdiction falling under the category of unmet need for family planning. The use of this register facilitated the assembly of a representative study sample.

Data collection was executed through interviewer-administered questionnaires, allowing for a comprehensive exploration of participants' perspectives and experiences. The questionnaire covered various aspects related to family planning practices, barriers, and socio-demographic characteristics. To analyze the collected data, relevant descriptive analysis techniques were employed using SPSS version 25.0. This comprehensive methodology aimed to provide a nuanced understanding of the factors contributing to the non-use of family planning methods in the specified rural context, enabling informed recommendations for targeted interventions and policy enhancements.

RESULTS

The response rate was 98.1%. Among the participants, 52.1% (n=169) of women were in the age range of 30-39 years. A total of 325 participants contributed to the study's dataset. The analysis revealed a significant unmet need for family planning, with 38.7% of participants reporting non-utilization of modern family planning methods.

Table 1: Distribution by socio-demographic characteristics among non-users of modern family planning methods

	Frequency (n)	Percentage(%)
Marital Status		
Married	299	92.0
Divorced	8	2.47
Widowed	18	5.53
Educational Status		
No Schooling	8	2.5
Grade 1-5	11	3.6
Grade 6-11	53	16.4
GCE O/L	209	62.7
GCE A/L	38	11.9
Graduated	6	1.9
Employment		
Employed	142	43.7
Not employed	183	56.3
Total	325	100.0

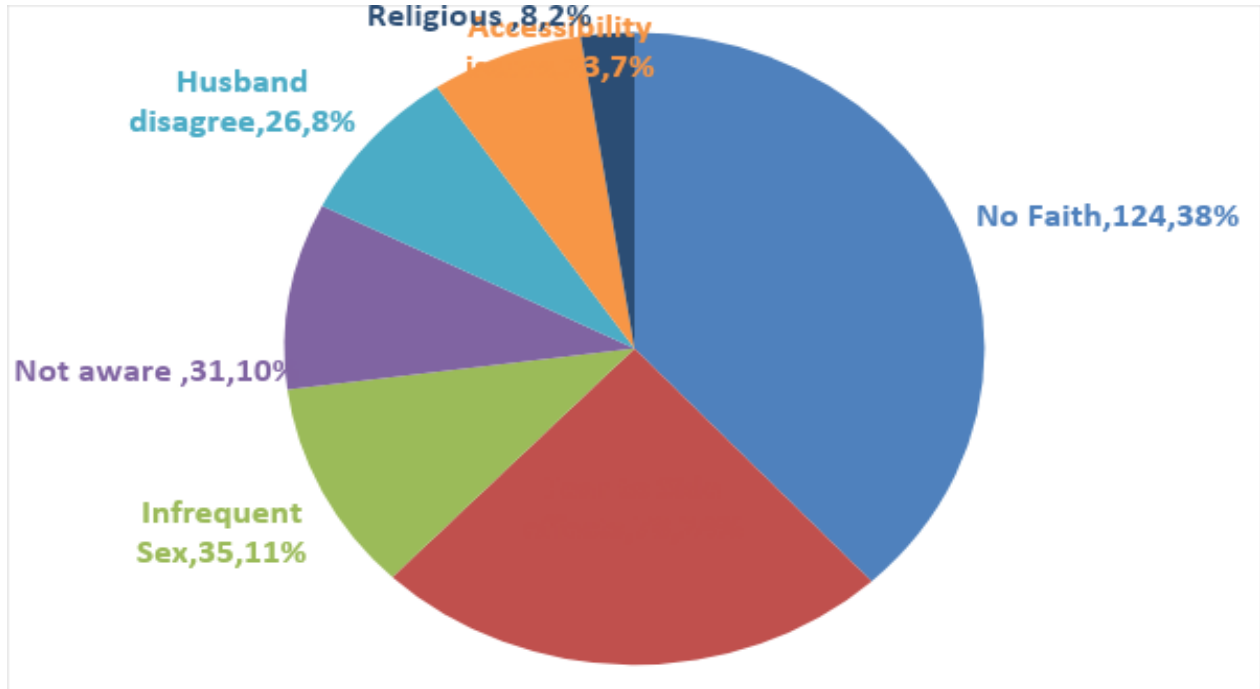
The majority of participants were married (92.0%), while a smaller percentage reported being divorced (2.47%) or widowed (5.53%). Regarding educational status, a substantial proportion had completed their GCE O/L (62.7%), followed by Grade 6-11 (16.4%) and GCE A/L (11.9%). A smaller percentage had either no schooling (2.5%), completed Grade 1-5 (3.6%), or graduated (1.9%). In terms of employment, 43.7% of participants were employed, while the majority (56.3%) were not employed. These findings provide a comprehensive overview of the socio-demographic composition of non-users of modern family planning methods in the Nuwara Eliya District, facilitating a nuanced understanding of the population under consideration. (Table 1)

Table 2: Distribution of age of the study participants

Age Category	Frequency (n)	Percentage(%)
<29 yrs	24	7.4
30-34	36	11.2
35-39	133	40.9
40-44	74	22.7
>45	58	17.8
Total	325	100.0

The majority of respondents fell within the age range of 35-39, constituting 40.9% of the sample. The next significant age group was 40-44, comprising 22.7%, followed by participants aged >45 at 17.8%. Smaller proportions were observed in the age categories of <29 years (7.4%) and 30-34 years (11.2%). (table 2)

Figure 1: Facts aroused by the participants for none using Family Planning methods



The most prevalent concern, expressed by 38% of participants, was a lack of faith in family planning methods. Fear of side effects closely followed, with 24% of respondents highlighting this apprehension. Additional considerations included infrequent sexual activity (11%), disagreement with husbands (8%), accessibility issues (7%), lack of awareness about available methods (10%), and religious beliefs (2%). (figure 1)

Table 3: Association of Employment Status and Use of Family Planning Methods

Factor	Total	<O/L n (%)	O/L n (%)	>O/L n (%)
No Faith	124	20	101	3
Fear of Side effects	78	11	45	22
Infrequent Sex	35	3	30	2
Not aware	31	25	6	0
Husband disagree	26	3	16	7
Accessibility issues	23	4	9	10
Religious	8	6	2	0

Notably, individuals with an O/L education level exhibit a higher prevalence of expressing concerns such as "No Faith" (20%) and "Fear of Side Effects" (11%), suggesting a potential impact of educational background on these perceptions. Intriguingly, a substantial portion of participants with an O/L education level (25%) reported being "Not Aware" of family planning methods, indicating a knowledge gap that might contribute to non-utilization. On the other hand, participants with >O/L education level expressed diverse concerns, including "Husband Disagreement" (7%) and "Accessibility Issues" (10%). In this study population, religious beliefs as a factor influencing family planning decisions do not exhibit a clear correlation with educational attainment (Table 3).

Table 4: Association of Employment Status and use of family planning methods

	Employed	Unemployed
No Faith	124	101
Fear of Side effects	78	27
Infrequent Sex	35	14
Not aware	31	26
Husband disagree	26	6
Accessibility issues	23	4
Religious	8	5
Total (100%)	142	183

Employed individuals appear to express a higher prevalence of "No Faith" as a reason for non-use, indicating a potential impact of employment status on perceptions related to faith and family planning. Conversely, the unemployed group more frequently cites "Fear of Side Effects" and "Husband Disagreement," emphasizing distinct concerns faced by those without employment. The employed participants also report a higher frequency of being "Not Aware" of family planning methods, highlighting potential knowledge gaps in this subgroup. Notably, religious beliefs as a reason for non-use show comparable frequencies between employed and unemployed individuals, suggesting that employment status may not strongly influence religious considerations in family planning decisions (Table 4).

DISCUSSION

The presented data collectively paints a comprehensive picture of the factors influencing the non-use of family planning methods among married women aged 15-49 in Nuwara Eliya District, Sri Lanka. The demographic breakdown and age distribution reveal the varied characteristics of the study participants. There are diverse reasons for non-utilization,

showcasing prevalent concerns such as fear of side effects, lack of faith, and issues related to accessibility and awareness. The intricate associations between employment status, educational levels, and reasons for non-use, highlighting nuanced patterns indicate potential influences on family planning decisions. Together, these findings underscore the need for targeted interventions that consider the specific concerns of distinct demographic subgroups, ultimately contributing to informed policies and initiatives aimed at enhancing family planning utilization in the specified rural setting.

The intricate web of factors influencing family planning non-utilization in Nuwara Eliya, Sri Lanka, as revealed by this study, emphasizes the critical role of educational status in shaping reproductive decisions. In rural settings, where lower educational attainment is prevalent, individuals may be more prone to not using contraceptives, leading to larger family sizes and subsequent economic hardships. The ripple effect of this phenomenon transforms a singular issue into a broader socio-economic challenge, particularly in impoverished districts like Nuwara Eliya. The identified language barriers, service challenges, geographical constraints, and socio-cultural disparities contribute to accessibility and availability issues, culminating in unmet contraceptive needs. Addressing these multifaceted challenges requires a comprehensive approach, involving structural changes in healthcare administration, improved accessibility and affordability of domiciliary care, and a reevaluation of existing policies. Bridging the gap in faith and dispelling fears related to contraceptive use is paramount, indicating the necessity for targeted interventions and a robust administration framework. The findings underscore the urgency for systemic changes and strategic policies to enhance family planning services in Nuwara Eliya, ultimately contributing to alleviating socio-economic burdens and fostering a healthier, more prosperous community.

The study sheds light on administrative failures that contribute to the complex landscape of family planning non-utilization in Nuwara Eliya, Sri Lanka. Given the confidential nature of family planning decisions, the prevalence of gossip-type communication over accurate information dissemination is a significant challenge. This lack of open discussion can lead to misconceptions, misinformation, and stigmatization, hindering the effective exchange of correct details about family planning methods. To address this issue, the involvement of confidential healthcare workers becomes crucial. In the context of public healthcare, midwives can play a pivotal role in fostering a confidential and supportive environment for individuals seeking family planning services.

However, administrative shortcomings go beyond communication challenges. Nuwara Eliya, being the district with the highest maternal mortality in Sri Lanka, suggests potential indirect associations between poor family planning and adverse maternal health outcomes. The administrative response to this issue requires urgent attention. Empowering midwives and assigning responsibility to the Medical Officer of Health (MOH) can be a strategic approach. Midwives, with their specialized training in maternal and reproductive health, can serve as

trusted allies, providing confidential guidance, support, and information to individuals seeking family planning services.

To mitigate administrative failures, a concerted effort is needed to establish a confidential and supportive healthcare infrastructure, where midwives and the MOH take proactive roles in ensuring the confidentiality and effectiveness of family planning services. Addressing family planning challenges in Nuwara Eliya is not only critical for the well-being of individuals and families but also holds the potential to contribute significantly to reducing maternal mortality and improving overall healthcare outcomes in the district.

Nuwara Eliya's endeavor to address family planning challenges is fortified by inherent strengths and resources that can be strategically leveraged. The existing healthcare workforce, particularly midwives, stands as a crucial asset with the potential to play a central role in providing confidential and comprehensive family planning services. The district's public health infrastructure, while facing challenges, provides a foundation that can be optimized with targeted modifications. Educational initiatives, facilitated by existing institutions, can disseminate accurate information and address knowledge gaps. By adopting a data-driven approach, regularly monitoring interventions, and adapting strategies based on evolving needs, Nuwara Eliya can tap into its diverse strengths to make significant strides in improving family planning services and maternal health outcomes. Moreover, the study recognizes Nuwara Eliya's high maternal mortality rates, indicating potential indirect associations with poor family planning. This further underscores the urgency for policy reforms. The discussion extends into recommendations, advocating for optimizing public health infrastructure, fostering community engagement, and adopting data-driven decision-making processes. This holistic approach aims not only to address the identified challenges but also to create a sustainable framework that improves maternal health outcomes and socio-economic conditions in Nuwara Eliya.

CONCLUSIONS

Addressing the reasons behind the non-utilization of contraceptives requires a structured and rational approach that extends beyond individual behaviors. These challenges, as identified in the study, call for administrative policy decisions that can lay the groundwork for comprehensive solutions. The formulation of policies that prioritize family planning services, ensure confidentiality, and allocate resources strategically is paramount. Advocacy for policy changes at both district and national levels is imperative, emphasizing the allocation of sufficient resources and evidence-based practices. Collaborations with NGOs and international agencies can provide additional resources, while a data-driven approach ensures continuous monitoring and adaptation of strategies. These policies should be

designed to bridge the gaps in accessibility, affordability, and awareness. Following the policy decisions, practical implementation strategies must be meticulously developed and executed, involving the active participation of healthcare professionals, community leaders, and educators. These strategies should aim to enhance the healthcare infrastructure, train personnel, and engage communities in a manner that addresses the specific concerns identified in Nuwara Eliya. Importantly, a continuous cycle of regular monitoring and reviews is indispensable to assess the effectiveness of the implemented policies and strategies. This iterative process allows for adjustments and refinements, ensuring that the initiatives remain aligned with the evolving needs and dynamics of the community.

REFERENCES

1. United Nations 2009, Department of Economic and Social Affairs, Population Division, World Contraceptive Use 2009, Viewed on 13th February 2010, POP/DB/CP/Rev2009.
2. Westoff, CF 2006, 'New Estimates of Unmet Need and the Demand for Family planning', DHS Comparative Reports No. 14, Macro International Inc, Calverton, Maryland, USA, pp.1-8.
3. Becker, S 1999, 'Measuring Unmet Need, Wives, Husbands or Couples', International Family Planning Perspectives, vol. 25, no.4, pp. 172-180
4. WHO 2003, Unsafe Abortion. Global and regional estimates of unsafe abortion and associated mortality in 2003, 5th Edn, pp.1-12.
5. Henshaw, SK, Singh, S, Haas, T 1999, 'The Incidence of Abortion Worldwide', International Family Planning Perspectives, vol.25 (Supplement): S30-S38.
6. Casterline, JB, El-Santary, F, El- Zeini, LO 2003, 'Unmet Need and Unintended Fertility, Longitudinal Evidence from Upper Egypt', International Family Planning Perspectives, vol. 29, no. 4, pp. 158-166.
7. International Journal of Collaborative Research on Internal Medicine & Public Health Vol. 4 No. 6 (2012), 1109
8. Muller, D 2008, 'Abortion is a method of family planning', viewed 28 April 2008, <G:\Abortion%20is%20a%20Method%20of%20Family%20Planning.htm>.

9. Abeykoon, ATPL 2009, Estimates of abortion rates in Sri Lanka using Bongaarets Model of Proximate Determinants of Fertility: pp. 4-5
10. Ministry of Plan Implementation 2008, Demographic and Health Survey 2006/07: Department of Census and Statistics, Ministry of Plan Implementation, Colombo, Sri Lanka, pp.51-94.
11. Reducing abortion is a public health issue 2001', viewed 10 January 2007, <http://www.medinet.lk/journals/CMI/2001/reducing.htm>
12. Rajapaksha, LC 2002, 'Estimates of induced abortion in Urban and Rural Sri Lanka', Journal of the College of Community Physicians of Sri Lanka, vol. no.7, pp.10-16.
13. Family Health Bureau 2009a, 'Fertility Changes and its Implications on Maternal and Child health', Colombo, Sri Lanka.