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UNMET NEED FOR FAMILY PLANNING AMONG WOMEN OF REPRODUCTIVE AGE: GLOBAL, SOUTH ASIAN, AND CENTRAL ASIAN PERSPECTIVES

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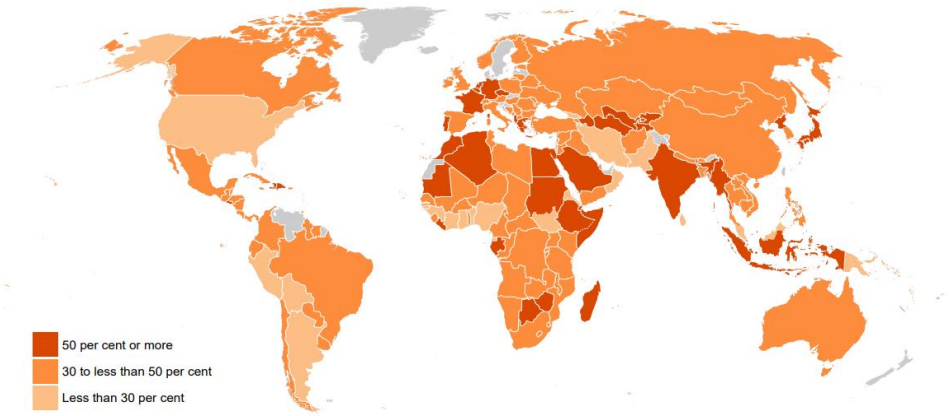
Abstract: Unmet need a gap between reproductive age group women's their reproductive intentions and their contraceptive behavior which remains a major public health challenge globally, particularly in low- and middle-income countries like Bangladesh, India, Nepal. It reflects the gap between women's intentions regarding childbearing and their ability to use effective contraceptive methods. This narrative review explores the scale of unmet need, its underlying determinants, and its health and social consequences, with a particular focus on global trends and the specific contexts of South Asia and Central Asia. Addressing this gap through rights-based, culturally sensitive, and context-appropriate interventions is crucial for improving maternal and reproductive health outcomes and for advancing progress toward universal access to sexual and reproductive health services.

Key words: Unmet need, Family planning, reproductive age

Introduction

Family planning is a fundamental component of reproductive health and a recognized human right, allowing individuals and couples to make informed and autonomous decisions about the timing and spacing of their children (1). Despite longstanding global commitments and notable advances in contraceptive options, a substantial number of women who wish to postpone or limit pregnancy still lack access to effective family planning services. There should be a proper tackling of these gap with rights-based culturally aware and contectually suitable interventions is important (2). This gap—referred to as unmet need for family planning—remains a critical public health concern and is strongly associated with unintended pregnancies, unsafe abortions, and avoidable maternal and neonatal illness and death (3).



Fig; Percentage share of contraceptive use for the most common method among women of reproductive age (15- 49 years), 2019 (11)

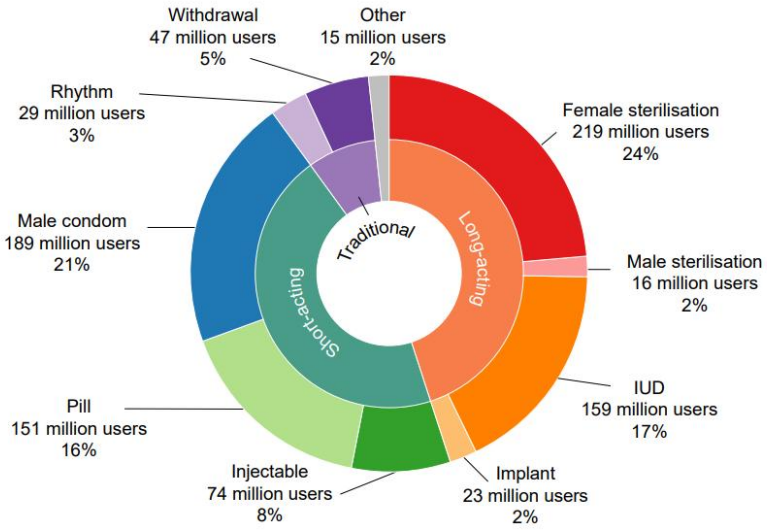


Fig 2; Estimated numbers of women of reproductive age (15-49 years) using various contraceptive methods, worldwide, 2019 (11)

Global Burden of Unmet Need for Family Planning

Globally, an estimated 190 million women of reproductive age are unable to meet their need for family planning, with the vast majority living in low- and middle-income countries (3,4). While contraceptive use has expanded worldwide over the past few decades, progress in reducing unmet need has been slow and highly uneven across regions and populations. Certain groups—particularly adolescents, women in rural settings, migrants, and those with limited education or economic resources—continue to face a disproportionate burden (5). Commonly cited barriers to contraceptive use include concerns about side effects, misinformation, sociocultural and religious opposition, lack of partner or family support, and limited access to high-quality, client-centered family planning services (6).

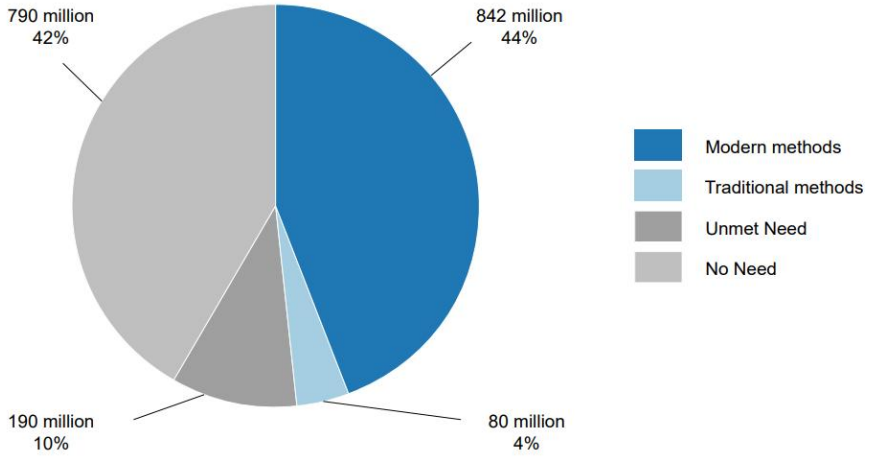


Fig 3: Estimated numbers of women of reproductive age (15-49 years) using modern and traditional contraceptive methods, having an unmet need for family planning and no need for family planning, worldwide, 2019 (11)

Unmet Need for Family Planning in South Asia

South Asia accounts for a substantial share of the global unmet need for family planning. Although countries such as India, Pakistan, Nepal, Bangladesh, and Afghanistan have operated national family planning programs for several decades, progress has been inconsistent across and within countries (7). Deep-rooted social and cultural factors—including early marriage, early childbearing, a preference for male offspring, and limited decision-making autonomy for women—continue to shape contraceptive use in the region (8). Adolescents and postpartum women are particularly affected, facing high levels of unmet need due to limited access to youth-friendly services and insufficient integration of family planning with maternal and postnatal health care (9).

Unmet Need for Family Planning in Central Asia

In Central Asia—including Kazakhstan, Uzbekistan, Kyrgyzstan, Tajikistan, and Turkmenistan—levels of unmet need for family planning are generally lower than those observed in South Asia, yet they remain substantial among specific population groups(10). Following the post-Soviet transition, reduced prioritization of modern family planning services and limited expansion of contraceptive options affected service delivery across the region. As a result, there is a continued reliance on traditional methods, such as withdrawal and calendar-based approaches, which are associated with higher failure rates (4,10). Persistent misconceptions about the safety of modern contraceptives, coupled with inadequate counseling and client education, further contribute to ongoing unmet need.

Comparative Regional Analysis

Although unmet need for family planning in South Asia is predominantly shaped by entrenched sociocultural norms, gender inequality, and the practice of early marriage, Central Asia faces a different set of challenges, including a limited contraceptive method mix, variable service quality, and continued reliance on traditional methods (8,10). Despite these regional differences, both contexts share common barriers, notably inadequate counseling, insufficient adolescent-friendly services, and persistent disparities between rural and urban populations.

Region	Estimated Unmet Need (%)	Key Affected Groups
Global	10–12%	Adolescents, rural women
South Asia	12–18%	Adolescents, postpartum women

Central Asia	6–10%	Rural women, youth

Table 1: Estimated Unmet Need for Family Planning by Region (11)

Public Health Implications

Unmet need for family planning has wide-ranging implications for public health. It contributes substantially to unintended pregnancies, unsafe abortions, elevated fertility rates, and preventable maternal and neonatal illness and death (3,6). Conversely, ensuring access to effective family planning services generates significant social and economic benefits, including improved educational and employment opportunities for women and reduced pressure on already constrained health care systems (1).

Strategies to Reduce Unmet Need

Reducing unmet need for family planning demands a comprehensive and coordinated approach. Priority actions include expanding access to a broad range of modern contraceptive options—especially long-acting reversible methods—strengthening family planning services within primary health care systems, and enhancing the quality of counseling to support informed and voluntary choice. Additional strategies involve promoting male engagement and gender-equitable decision-making, better integrating family planning with maternal, postpartum, and adolescent health services, and harnessing digital health innovations to improve information delivery and service reach (1,2,9).

Conclusion

Unmet need for family planning continues to pose a major challenge to reproductive health worldwide, with clear regional differences evident in South Asia and Central Asia. Effectively addressing this gap requires context-specific, rights-based, and equity-oriented approaches that place informed choice, gender equality, and robust health systems at the center of family planning programs. (1–3).

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