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Assessment of the Magnitude and Determinants of Unmet Need for Family Planning Among Currently Married Women in Reproductive Age in Hargeisa, Somaliland

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Abstract: **Family planning can reduce maternal mortality by meeting women's need for modern contraceptives, this would prevent about one quarter to one-third of all maternal deaths. Therefore, the aim of this study was to assess the magnitude and determinants of unmet need for family planning among currently married women in child bearing age in Hargeisa, Maroodi Jeex region Somaliland, and reveal the reasons of not using contraceptives and the general knowledge, attitude and practice.**

Methods: Community based cross-sectional study, involving 256 married women of reproductive age selected through a multi-stage random sampling technique, was conducted in Hargeisa town from October – November, 2016. Data were collected by using pretested structured interviewer administered questionnaire after written consent was obtained from respondents. Data were edited, coded, and entered to version 20.0 of SPSS software, and analysed by logistic regression model to identify determinants of unmet need for family planning.

Results: Following the analysis, total unmet need of family planning was significantly associated with number of children alive (OR=0.88; CI 95%= 0.77 – 0.99; P=0.04), Education (OR=4; CI 95%= 2 – 9; P=0.00), Husband approval (OR=5;CI 95%= 2 – 13; P=0.00), Religion (OR=0.26; CI 95%= 0.12 – 0.59; P=0.00) and cultural prohibition (OR= 4; CI 95%= 1 – 13; P=0.00), working status (OR=3; CI 95%= 1 – 6; P=0.00) and knowledge on family planning (OR=2.4; CI 95%= 1 – 5; P=0.02). But Age (P=0.58) and income (P=0.06) of the participants was not significantly associated with total unmet need of family planning. Reasons for not using modern contraceptive were Fear of infertility, desire to have more children and fear of side effects.

Conclusions: In general, the findings show that unmet need for family planning was significantly associated with women's education, husband approval, religious and cultural prohibition, and knowledge on FP. This suggests to improve, and strengthen Family Planning programs to break the determining factors associated with unmet need for family planning.

Keywords: **magnitude, determinants, unmet, family planning, women, reproductive age and Hargeisa.**

1. INTRODUCTION

Women having unmet need for family planning is defined by United Nations, Department of Economic and Social Affairs, Population Division, women who are fecund, want to stop or delay childbearing and are not using a method of contraception for whatever reason. In 2014, worldwide, 143 million married or in-union women of reproductive age are estimated to have an unmet need for family planning. In Sub-Saharan countries, one in five women of reproductive age who are married or in a union have an unmet need for family planning. *(United Nations. World Contraceptive Use, 2014).*

Meeting that unmet need for family planning would reduce about one quarter to one-third of all maternal deaths. In Somaliland, only 10 percent of married women age 15-49 years use contraceptive methods. The unmet need for contraception (for either spacing or limiting births), is 20 percent (United Nations, 2011). While the country has one of

the highest maternal and child mortality rates. 735 maternal deaths per 100,000 live births, and 92 deaths per 1000 children respectively. In addition to that the total fertility rate is high (7 children per women). (United Nations, Multiple Indicator Cluster Survey, 2011).

Reducing the number of pregnancies or increasing birth interval would substantially reduce the risks of maternal mortality, as well, reduces the risk of infant mortality and morbidity.

The reasons behind why some women still have unmet need for family planning was researched by many researchers around the world. According to Amit Kumar1, Aditya Singh (2013). The unmet need for family planning among Muslims (32%), rural (24%) and adolescence (36%) and poor women (26%) is relatively higher than other groups. The main reasons for not using contraceptives were prohibition by the religion and opposition of the husband. Another study conducted in Tanzania, the factors associated with family planning unmet need included disapproval of the husband, women education, couple agreement of family planning, discussion of family planning with partners, wealth and religion (Mackfallen., Anasel., & Mlinga., 2014).

Also, study conducted in Egypt documented that the prevalence of unmet need was 7.4% and the predictors of unmet need as being fear of side effects from contraceptive use, and perception of not to be risk of getting pregnancy (Kotb Sultan, Bakr, Ahmed Ismail, & Arafa, 2010).

Hence, examining the underlying reasons influencing unmet need for family planning in Somaliland is key to improve reproductive health and to increase use of modern contraceptives that will significantly reduce maternal mortality. This study will be fundamental for effective planning of Family Planning programs to be impactful.

According to WHO it is the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services that will enable women to pass safely through pregnancy and childbirth, and provide couples with the best chance of having a healthy infant(D. o. E. a. S. A. United Nations, Population Division, 2014a).

However, the current statistics in the country show that only 10 percent of married women age 15-49 years use a contraceptive method and the unmet need for contraception (for either spacing or liming births), is 20 percent, whereas about thirty-two percent of women age 15-49 years with a live birth in the two years preceding the survey received antenatal care (ANC) at least once by skilled personnel (C. s. F. United Nations, 2011). Forty-four percent were attended by a doctor, nurse, midwife or auxiliary midwife at delivery and 31 percent delivered in a health facility, despite a lot of efforts but still both maternal and child mortality rates are very high 735 per 100,000 women and 92 per 1000 children respectively (C. s. F. United Nations, 2011).

In response to this problem, this study proposes to assess the magnitude and determinants of unmet need for family planning among currently married women in child bearing age, reasons of not using modern contraception and the general knowledge, attitude and practice towards family planning that will make policies and interventions to be a more informed, targeted and subsequently increase contraceptive use. Thus, this paper would like to answer the following objectives: to identify the magnitude and determinants of unmet need for family planning among married women of child-bearing age in Hargeisa and; to assess the general knowledge, practice and attitude toward FP among married women in child bearing age in Hargeisa.

2. LITERATURE REVIEW SUMMARY

2.1 Family Planning:

The topic of family planning and its knowledge, attitudes and practices has been increasingly more widely discussed and accepted in different parts and regions of the developing world since 1960s. Early studies disclosed that there is a gap between women's reproductive preference and their contraceptive behaviour (Mauldin, 1965). The identification of the gap of knowledge, attitude and practice on family planning was an important milestone in the development of population policies and programs though the 1960s. According to (Freedman et al. 1972), there are a significant number of women who want to space births and limits if there are family planning services available, this had motivated and resulted in many countries starting and implementing ambitious family planning programs.

Thirty years later, the ICPD conference in Cairo was held, which marked a historic redirection for the field. As (Bradley & Casterline, 2014) said "In the highly charged political context of the early 1990s, the concept of unmet need for family

planning which had its origins in the mainstream population-control movement of the 1960s and 1970s assumed a new function as a bridge between the demographic and reproductive health points of view". From the standpoint of women's reproductive rights, unmet need was taken as one indicator of the violation of such rights and one of several basic rationales for women's empowerment.

2.2 Magnitude and determinants of unmet need of family planning:

National, regional, and global rates and trends in contraceptive prevalence and unmet need for family planning between 1990 and 2015 survey showed that contraceptive prevalence rate increase from 55.8% in 1990 to 63.3% in 2010 and unmet need for family planning decreased from 15.4% in 1990 to 12.3% in 2010 (Alkema et al., 2013). However sub-Saharan Africa specifically two sub regions contraceptive prevalence rate still remained low, fewer than one in five married women of reproductive age used any contraceptive method. Somalia (including the North West zone, Somaliland) contraceptive prevalence rate increased from 4.4% in 1990 to 18.8% in 2010. During the same period, unmet need for family planning decreased globally from 15.4% in 1990 to 12.3% in 2010. The reduction in unmet need was greatest in Central America and Northern Africa, where it fell by 8.6 percentage points. In addition to that worldwide 146 million married women of reproductive age had unmet need for any method of family planning in 2010 (Alkema et al., 2013). If women using traditional contraceptive methods included, the total number of MWRA with unmet need for modern methods increase to 221 million in 2010 (Alkema et al., 2013).

Despite a majority of developing countries having very small decrease in unmet need of family planning, it was found that there are several reasons preventing women from using modern contraceptive methods. According to a cross sectional study conducted in Egypt, findings show that the main reasons for not using contraceptives were prohibition by the religion and opposition of the husband, being fear of side effects from contraceptive use, and perceptions of not getting pregnancy (Kotb Sultan et al., 2010). A similar study conducted in Tanzania revealed the factors associated with family planning unmet need were disapproval of the husband, women education, couple agreement of family planning, discussion of family planning with partners, wealth and religion (Mackfallen. et al., 2014).

Other reasons have been identified in other study conducted in India, including the income level, Health concerns about contraceptives and social disapprovals, age, work status, education, living standards, knowledge about contraceptives, and children ever born (Samal & Dehury, 2015).

According to (Genet, Abeje, & Ejigu, 2015) found in their study that women who were housewife/farmers were about 7 times more likely to have unmet need compared to employed women. Significant factors affecting the unmet need were women who were not counselled about family planning by health workers, women whose partner had non-supportive attitude for family planning use. In addition to that, they had captured other similar factors like fear of side effects, opposition of the husband, and prohibition of religion and perception of not getting pregnant due to breastfeeding.

Unmet need for family planning is more likely to be among women whose partners disapproved of family planning, non-Christians, having one partner and not discussed with the husband, young women (25-34 years), and exposure to mass media were less likely to have experienced unmet need (Letamo & Navaneetham, 2015).

2.3 Knowledge, Attitude and Practice towards FP:

Understanding why people do not use family planning is critical to address unmet needs and to increase contraceptive use; hence a lot of studies around the world were conducted to assess the level of knowledge, attitude and practice towards modern contraceptives. According to Tilahun et.al. (2013), pills and injectables were commonly known by both sexes; women better knew of long-term contraceptive methods. Better knowledge of family planning methods was associated with formal education particularly among women.

Another study conducted in Mbouda health district in Cameroon on knowledge, attitude and practice of family planning show that almost all respondent 98% were aware of at least one contraceptive method, the comment methods were male condom 96%, Injectable 76.2%, oral pills 75.2% (J. R. Nansseu, E. C. Nchinda, J. C. Katte, F. M. Nchagnouot, & G. D. Nguetsa, 2015). More two third of women were currently practicing at least one contraceptive method. The main reasons precluding women from practicing contraception were lack of knowledge 31.4%, unbearable side effects 8.6%. 42.4% of this expressed the willingness to start practicing contraception if they received more information about the subject and the decision on the number of children to have was made by both the man and the women in 59.5% of cases (Nansseu et al., 2015).

In Cambodia, a survey was conducted to study the Knowledge, Attitude, and Practice (KAP) of family planning in a community located in Banteay Meanchey 2007, where unmet contraceptive need is highest. The results showed that knowledge of modern contraceptives among the respondents is universal, with 99% of women being aware of at least one modern method of contraceptive (SREYTOUCH., 2007). The respondents and stakeholders showed a positive attitude in their support of family planning programs, and more than half of the respondents knew where to obtain contraceptive methods (SREYTOUCH., 2007). Around 56% of the women were practicing family planning at the time the survey was conducted, with their main reasons being fertility desire despite the side effects of some methods, and to maintain their standard of living (SREYTOUCH., 2007).

A study conducted in Pakistan reveals that the majority of married women and men knew about some modern contraceptive methods, but the overall contraceptive use was very low (Mustafa et al., 2015). Knowledge and use of any contraceptive method were particularly low. Reasons for not using family planning and modern contraception included incomplete family size, negative perceptions, in-laws' disapproval, religious concerns, side-effects, and lack of access to quality services (Mustafa et al., 2015).

Potential determinants have been identified between women's desire to delay/avoid having children and their actual use of contraception. Reduction in the unmet need for contraception has been found to be one of the main elements in improving women's reproductive health (Saurabh, Prateek, & Jegadeesh, 2013). The study added "other measures such as strong political will, formulation of specific evidence-based guidelines for encouraging uptake of family planning methods for different population groups/settings, establishment of health information system to monitor trend of contraceptive usage and for evaluation of family welfare programs are recommended for enhancing accessibility and uptake of contraceptive methods" (Saurabh et al., 2013).

A study conducted in Uganda assessed perceptions, attitudes and use of family planning among families in post conflict Gulu district. The study found that prevalence of modern contraceptives was 47.5%; The source of family planning information was governmental facility (77.4%), Media (28%) and private sector provider (9.4%) (Orach et al., 2015). Also, the study pointed that common cited reasons for not using contraceptives were fear of side effects (88.2%), and irregular periods (Orach et al., 2015).

Three similar studies conducted in Ethiopia (Genet et al., 2015), Uganda, and Sudan (Ali & Okud, 2013) point out that the main reasons for not using modern contraceptives are fear of side effects, partner opposition and religious prohibition.

The main source of FP information was reported to be health care workers, friends and media was reported by reported by two similar studies conducted in Cameroon (Ajong, Njotang, Kenfack, Yakum, & Mbu, 2016) and Uganda (Alege, Matovu, Ssensalire, & Nabiwemba, 2016). In addition to that the studies revealed that most common source of contraceptive services were governmental health facilities followed by private clinics

Regarding modern contraceptive practice, study conducted in Cameroon found that the contraceptive prevalence rate, the most known mothers cited were condom (96%), the safe period (86%) followed by close proportion of oral pills and injection (76.2%). The currently practicing women of modern contraceptives (65.3%) and the three prevailing methods used were safe period, condom use and injection (Nansseu et al., 2015).

Feasible and efficient family planning programs could be equipped with realistic information on the magnitude of contraceptive unmet need. Despite the high level of unmet need for family planning in Somaliland, little is known about its determinants; hence examining the underlying reasons influencing unmet need for modern family planning in Somaliland is very important. This is fundamental for effective planning of programs to reduce the unmet need and improve the vital maternal and child health indicators.

The main objective of this study is to investigate the magnitude and determinants of modern family planning unmet need among married women in Hargeisa. These objectives were developed to use the outcome to improve Somaliland reproductive health and use of modern contraceptives and other countries with comparable demographic characteristics to that of Somaliland.

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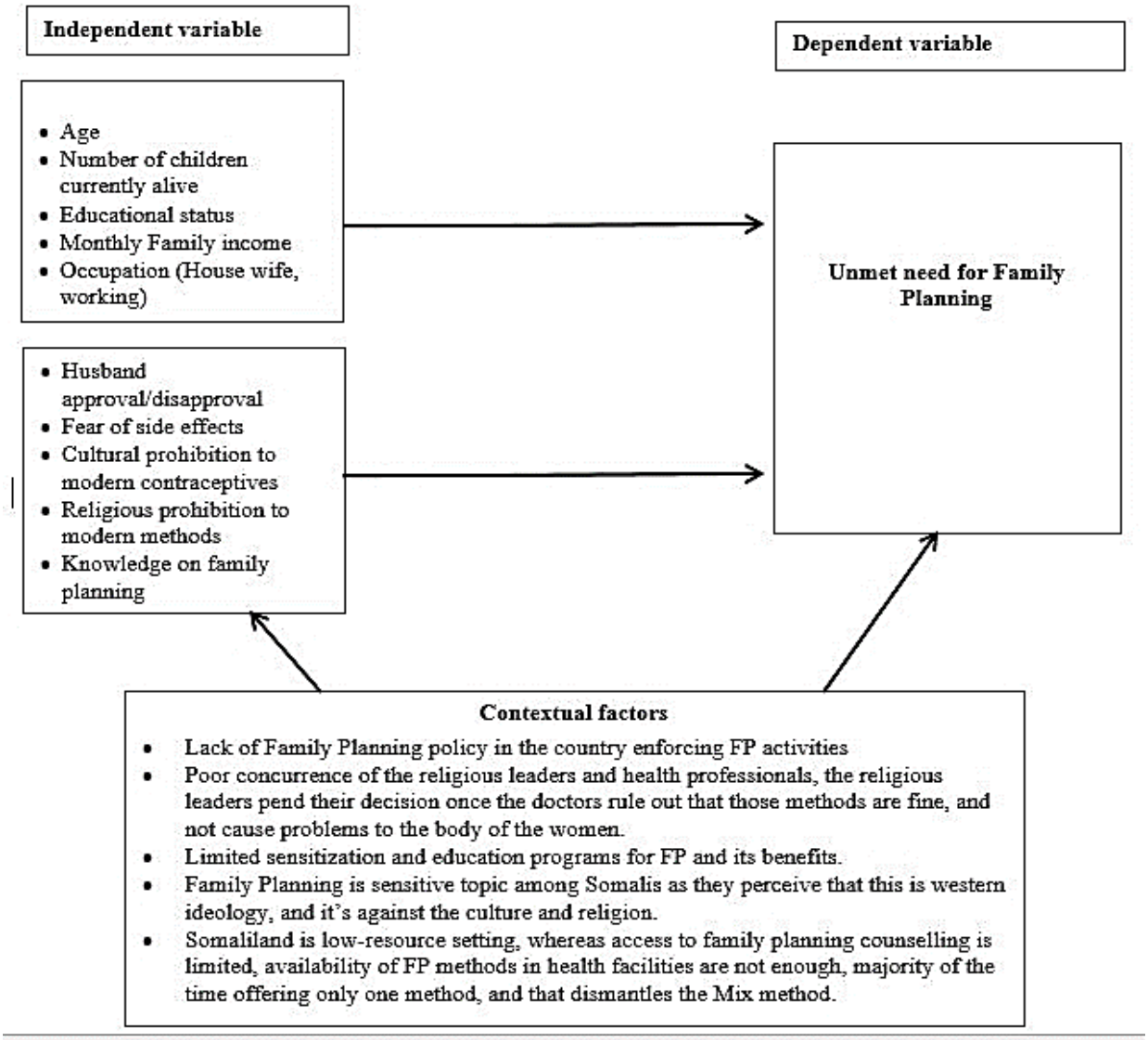
Conceptual Framework:



Explanation:

Family planning practice in Somali community is affected by a lot of factors, overall Family planning is considered among the Somalis that its western idea that they want to regulate the Somali, who are used to be Muslim population, in addition to that in Somali community had an enduring attachment to their cultural and religious beliefs.

Also, having more children is considered prestige, because having more children will add up and create a bigger clan, and having bigger clan brings to them social recognition and having strong power share.

All those factors articulated in the conceptual framework above have an impact one way or the other the contraceptive use, and that is why the study attempted to explore which of those factors are statistically significantly associated for the unmet need for Family Planning.

3. METHODS AND TEACHNIQUES

3.1 Study Area:

This study was carried out in Hargeisa, the second largest city in Somalia, located in the Waqooyi Galbeed region, it has a population of about 750,000. The capital city of Somaliland a self-declared republic that is internationally recognized as an autonomous region of Somalia. Administratively the city has 5 districts namely Ahmed Dhagah, 26 June, Ibrahim Koodbur, Gacan-libah and Mohamuud Haybe.

Hargeisa is located in a valley in the north-western section of the country. The city is situated in a mountainous area, in an enclosed valley of the Galgodon (Ogo) highlands. It sits at an elevation of 1,334 meters (4,377 ft) above sea level. The city has one national referral hospital, 3 private hospitals, 11 maternal and health centers, more than 500 private pharmacies and clinics(Population Services International, 2015).

3.2 Study Design:

This study was deployeda descriptive cross sectional study design focusing on quantitative approach of data collection in which structured interviews was used to gather information on magnitude and determinants of unmet need of family planning, and knowledge, attitude and practice towards modern contraceptive methods

3.3 The Study Population:

The study population comprised of women of childbearing age (15-49) residing in Hargeisa who were married.

3.4 Sample Size:

The sample size was computed by adopting the proportion of 20% of unmet need of family planning in Somaliland (C. s. F. United Nations, 2011). A maximum likely error of 5% with a 95% confidence interval was used in the equation below using sample size determination for estimating proportion. The formula for calculating sample size was:

$$N=\frac{Z^2(p)(q)}{d^2}$$

- **Z** refers to the confidence limits of the survey results. Using 95% two-tailed confidence in my results, Z=1.96.
- **p** refers to the proportion of the population with the attribute being sought for (20%)
- **q**=(1-p)
- **d** refers to the desired precision of the estimate (i.e. my results are accurate within a range of ±5%).
- **Total: 246**
- 10% of non-response rate
- **Grand Total: 271**

3.4 Sample and Study Units:

Households in Hargeisa was sampled using the PPS (probability proportional -to- size) multistage stratified cluster sampling method. Women aged 15-49 years, currently married and living in the sampled households was taken as a study unit.

3.5 Methods of Data Collection:

3.5.1 Quantitative Study:

A structured questionnaire was prepared in English and translated in to Somali (see appendix one and two) which was applied to collect information on socio-demographic, cultural and socio-economic characteristics of the study units. The questionnaire was prepared by addressing all important variables for the study. The tool was pretested with small group to check if it's culturally and religiously acceptable; Data collectors was trained with the tool.

3.5.2 Inclusion and Exclusion Criteria:

The inclusion criteria of the study were women of reproductive age (15-49) years and currently in marriage bond was considered as eligible. Whereas those outside marriage bond was excluded from the study.

3.5.3 Data Collection Process and Instruments and Quality Control:

Data was collected by use of a structured interview schedule (attached in the appendix). Supervisors and Research assistants (enumerators) were recruited and trained on the interview schedule to be used in the study. The schedule was translated to the local language during the training to enable all enumerators have similar understanding of the questions and responses expected. The schedule was then being pre-tested and adjustments made on the final tool before commencement of the data collection exercise.

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3.5.4 Data Analysis Plan:

Data was checked for completeness, cleaned and coded and entered to SPSS version 20 for analysis. The magnitude of unmet need of family planning, knowledge, attitude and practice of married women of reproductive age in Hargeisa town was calculated and determinant factors was predicted using Multiple Regression Analysis and Chi-square for independence.

3.5.5 Data Utilization and Dissemination of Results:

The result of this study will be presented to Gollis University scientific community as part of MPH thesis. The report will be provided to Somaliland health bureau. The report will also be provided to School of Post-Graduate Studies and the School of Medicine and Allied Health Sciences (SOMAHS), Gollis University. Finally, efforts will be made to publish results in a national and international journal for dissemination worldwide.

3.5.6 Ethical Considerations:

Ethical clearance was obtained from the ethical committee of SOMAHS at Gollis University, an official letter of co-operation was also obtained from Somaliland Ministry of Health. Informed written consent was obtained from each study participant. Privacy and confidentiality was as well maintained during the interview process by using private interview rooms.

4. RESULTS

4.1 Socio-Demographic Characteristics:

281 households were selected for the study, 266 was occupied & eligible, and total of 266 completed questionnaires was collected, of which 10 responses were excluded for gross incompleteness and inconsistency. Hence, the analysis was made based on 256 questionnaires counting response rate of 96%.

The study found that the mean age of married women of reproductive age was 30 years (SD=6.7), ranging from 16 to 45 years. During the study period, most of the mothers were housewives 136 (53.1%), and the rest was working mothers 120 (46.9) and Shop owner 30 (11.7%). The majority 92 (36%) household's monthly income was $200, while 87 (34%) and 77 (30%) of the households had monthly income of $100 and $150 respectively.

In addition to that the study reported that sixty three percent of the study subjects can read and write while the rest is illiterate. Among educated mothers 82 (51%) completed primary school, while another 27% completed intermediate school. Only 10.5% and 9.3% had continued their education and finished high school and university respectively (Table 4.1).

Table 4.1: Socio-demographic characteristics of married women of reproductive age in Hargeisa town

Variable	Frequency	Percent
District		
G. Libaah	65	25.4
Ah. Dhagax	47	18.4
Ib. Koodbuur	52	20.3
26. Juun	58	22.7
Mohamuud Haybe	34	13.3
Age in years		
Mean	30	
Median	30	
Mode	30	
Std. Deviation	6.7	
Minimum	16	
Maximum	45	

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Educational Status		
Yes	161	62.8
No	95	37.2
Grades		
Primary School	82	51.1
Intermediate School	43	26.7
Secondary School	17	10.5
University	15	9.3
Technical School	4	2.5
Occupation		
House wife	136	53.1
Working	120	46.9
Family Income		
$100	87	34
$150	77	30
$200	92	36
SES Quartiles		
Very Poor	13	5.1
Poor	16.3	6.3
Medium	126	49.2
Rich	32	12.5
I can't say	50	19.5
No Response	19	7.4

4.2 Reproductive Characteristics:

It was noted that more than two thirds 160 (of the study participants age at first marriage was below 25 years and as late as 30-35 years. The median age at first pregnancy was 22 years with SD of 4.7. The average number of alive children per women was four. The percentage of women who had more than 5 children was 37%. Regarding the average number of children women desired to have was found to be 10, minimum 1 to maximum 13 children.

During the time of the study 93 (36%) of the study participants were pregnant, 51 (20%) were lactating and 112 (44%) was non-pregnant **(Table 4.2).**

Table 4.2: Reproductive Characteristics

Variable	Frequency	Percent
Age at first marriage		
15-20 yrs	73	28.5
20-25 yrs	87	34.0
25-30 yrs	2	0.8
30-35 yrs	55	21.5
I don't remember	21	8.2
No Response	18	7.0
Age at First Pregnancy		
Mean	22	

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Median	22	
Mode	20	
Std. Deviation	4.8	
Minimum	15	
Maximum	36	
Number of children alive		
Mean	4.7	
Median	4	
Mode	3	
Std. Deviation	3	
Minimum	1	
Maximum	13	
Number of desired children		
Mean	10	
Median	10	
Mode	10	
Std. Deviation	4.6	
Minimum	2	
Maximum	16	

4.3 Knowledge and Attitude:

Fifty three percent of the study participants know at least one method of modern contraceptive methods, the most common know methods was Pills (53%) and Injectable (38.7%) followed by Implants (27%). Very small proportions of 9.4% and 6.3% know IUCD and Condoms respectively.

The study reported that the main facilities to get Birth Spacing services was Health Center or previous know MCH (58.2%) and Private Clinic/Pharmacy (40.6%).

The four main sources of Birth Spacing information were Health workers (60.5%), TV (47.3%), Radio (37.9%) and Friends (27.7%). Newspaper was the least source of information in the study areas **(Table 4.3)**.

In addition to that, more than two third (72.3%) of the study participants wants to know more about modern contraceptive methods, more than fifty percent of the mothers approve for couples using modern birth spacing methods. When asked their husbands attitude towards modern contraceptive methods only 23% said their husbands approve. The main reason given by those disapproving contraceptive use were; religious (49.7%) and cultural prohibition (17.7%), desire for more children (21.3%) and 18.2 reported that contraceptive methods have medical problems.

Furthermore, only fifty eight percent of married women of reproductive age reported that they have discussed about contraceptives within the last six months with their husbands, and the number of sessions was very low counting that more than two quarter (68.4%) of all wives reported that they had discussed with three and less sessions with their husband **(Table 4.4)**.

Table 4.3: Knowledge of married women of reproductive age in Hargeisa

Variable	Frequency	Percent
Ever head modern contraceptive methods		
Yes	204	79.7
No	49	19.1
Know at least one method		

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Know at least one method	136	53.1
The most cited modern methods		
Pills (COC)	136	53.1
Implants	64	25
Injectables	99	38.7
IUCD	24	9.4
Condom	16	6.3
Availability of modern methods in the district		
Yes	149	58.2
No	68	26.6
I don't know	31	12.1
The main facilities to get modern contraceptive methods service		
Hospital	104	40.6
Health Center	149	58.2
Shop	26	10.2
Pharmacy	71	27.7
Private Clinic	65	25.4
Source of information of family planning topics		
Health worker	155	60.5
TV	121	47.3
Radio	97	37.9
Friends	71	27.7
News papers	52	20.3
Public health center	71	27.7
Private pharmacy/clinic	60	23.4

Table 4.4: Attitude of married women of reproductive age in Hargeisa

Variable	Frequency	Percent
Desire to know more about modern methods		
Yes	185	72.3
No	63	24.6
No response	8	3.1
Discussed with Husband on MBS		
Yes	149	58.2
No	91	35.5
Don't remember	16	6.3
Frequency of the discussion		
Once	33	22.1
Twice	38	25.5
Three	31	20.8
>3 times	29	19.5
Don't remember exact number	18	12.1

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Husband attitude towards MBS		
Approve	59	23
Disapprove	197	77
Reasons for not approving		
Religion prohibition	98	49.7
Cultural prohibition	35	17.7
Desire for more children	42	21.3
Medical problem	36	18.2

4.4 Practice & Unmet Need for Family Planning:

The study revealed that thirty eight percent of the participants had ever use of contraceptives and the most common methods used was Pill and Injectables counting 15.6% and 16.8% respectively.

During the study period, the prevalence of modern contraceptive use was 20.7%, and the unmet need for both spacing and limiting is 30.4 percent (Figure 4.4). The most common methods currently using was Injectables, Pills and Implants with nearly close proportions of being 11.7%, 10.5% and 9.8% respectively.

Fear of infertility (33.6%), desire to have more children (32%) and fear of side effects (27%) was the main reasons for not using modern contraceptive methods. The other reasons were husband disapproval (24%), religion (26%) and culture prohibition (21%).

Almost half of the married women of reproductive age participated in the study reported that the decision regarding modern contraceptive methods used to be the decision of the husband, followed nearly similar proportion of 39.5% to be joint decision, while only 11.3% said it's for the wife. Among the current users, the mean time to reach facility providing the service was 37 minutes, minimum 10 minutes, maximum 80 minutes (Table 4.5).

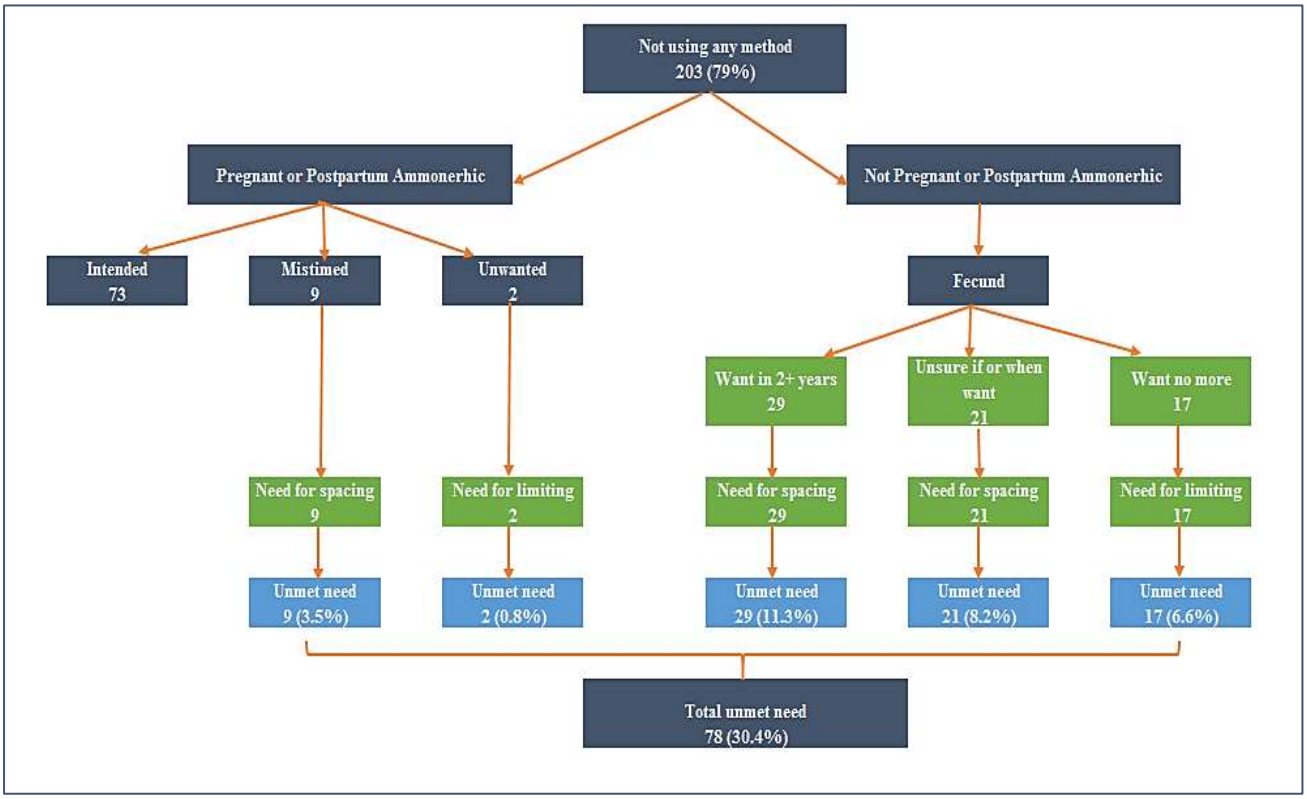

Figure 4.4.1: Unmet need of modern contraceptives

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Table 4.4.2: Practice and unmet need of modern contraceptives

Variable	Frequency	Percent
Have you ever used modern contraceptives		
Yes	97	37.9
No	149	58.2
I don't remember	3	1.2
No response	7	2.7
Methods commonly used		
Pills	40	15.6
Implants	24	9.4
Injectables	43	16.8
Currently using Modern Contraceptive Methods (Contraceptive Prevalence Rate)		
Yes	53	20.7
No	203	79.3
Unmet need		
Total unmet need	78	30.4
Unmet need for Spacing	59	75.6
Unmet need for Limiting	19	24.4
Type of method currently using		
Pill	17	32.1
Implants	13	24.5
Injectable	21	39.6
Reasons for not using		
Fear of side effects	69	41
Fear of infertility	86	51
Desire to have many children	82	49
Husband disapproval	40	24
Unacceptable in my culture	35	21
Unacceptable in my religion	43	26
How to decide contraceptive usage		
Mainly husban's decision	126	49.2
Mainly wife's	29	11.3
Joint decision	101	39.5
Time to reach facility to get the services (minutes)		
Mean	36	
Minimum	5	
Maximum	80	

4.5 Logistic Regression:

Logistic regression was performed to ascertain the effects of age, number of children, education of mothers, income, husband approval for modern contraceptive use, fear of side effects, cultural and religious prohibition, and knowledge on family planning on the likelihood that participants have unmet need of family planning on the likelihood that participants have unmet need of family planning. The logistic regression model explained 48% (Nagelkerke R2) of the variance, and correctly classified 77% of cases.

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Following the analysis, total unmet need of family planning was significantly associated with number of children alive (OR=0.88; CI 95%= 0.77 – 0.99; P=0.04), Education (OR=4; CI 95%= 2 – 9; P=0.00), Husband approval (OR=5;CI 95%= 2 – 13; P=0.00), Religion (OR=0.26; CI 95%= 0.12 – 0.59; P=0.00) and cultural prohibition (OR= 4; CI 95%= 1 – 13; P=0.00), working status (OR=3; CI 95%= 1 – 6; P=0.00) and knowledge on family planning (OR=2.4; CI 95%= 1 – 5; P=0.02). But Age (P=0.58) and income (P=0.06)of the participants was not significantly associated with total unmet need of family planning. In this study women who have not received any form of education were 4 times more likely to have unmet need for family planning compared to those attended schools or in other words had education. Moreover, wife's that their husbands disapprove contraceptive use were 5 times more likely to have unmet need for FP compared to wife's that their husbands approve contraceptive use. Similarly, women who believed that modern contraceptives are against the culture were 4 times more likely to have unmet need of family planning (Table 4.5)

Women that doesn't have knowledge on family planning were (OR=2; CI 95%= 1 – 5; P=0.02) times more likely to have total unmet need for family planning compared to those women who have knowledge on modern contraceptive methods (Table 4.5).

Table 4.5: Logistic Regression

Variable	OR	CI 95%	P Value
Age	1.016	0.96 – 1.1	0.58
Education	4	1.89 – 9	0.00
Number of children alive	0.88	0.77 – 0.99	0.04
Work Status, housewife	3	1 – 6	0.00
Income	0.99	0.98 – 0.98	0.06
Husband Attitude, disapproval	5	2 – 13	0.00
Religion prohibition	0.26	0.12 – 0.59	0.00
Culture prohibition	4	1 – 13	0.00
Knowledge on FP	2.4	1 – 5	0.02

5. DISCUSSION

This study has attempted to assess the magnitude and determinants of unmet need for family planning, among currently married women in child bearing age in Hargeisa, M-Jeex region of Somaliland, and reveal the reasons of not using modern contraceptives, and the general knowledge, attitude and practice.

The study revealed that the total unmet need for both spacing and limiting is 30.4 percent of married women of reproductive age currently have unmet need of family planning.

Total unmet need of family planning was significantly associated with number of children current alive, education of mothers, husband approval towards modern contraceptives, religion and cultural prohibition, work status (housewives/working), and knowledge on Family planning. The study found that women who have not received any form of education were 4 times more likely to have unmet need for family planning compared to those attended schools or in other words had education. Moreover, wives that their husbands disapprove contraceptive use were 5 times more likely to have unmet need for FP compared to wives that their husbands approve contraceptive use. Similarly, women who believed that modern contraceptives are against the culture were 4 times more likely to have unmet need of FP. The findings is also in consistent with the finding of the study conducted in Egypt (Sultan et al, 2010), two similar studies conducted in Ethiopia, Awi Zone, Amhara regional state (Genet et al., 2015) and Hashemene town, Oromia region (Mota et al., 2015) and study conducted in Sudan (Ali & Okud, 2013). This shows the importance to uplift those factors, and thus reduce unmet need of FP significantly.

In addition to that, fifty three percent of the study participants reported that they know at least one method of modern contraceptive methods. The three common known methods were Pills, Injectables and Implants. This current study also found, women who don’t have knowledge on family planning were 2.4 times more likely to have total unmet need for

family planning compared to those who are familiar. This is supported by the study conducted in Cameroon (Nansseu et al., 2015). Women who were not counselled on family planning were 7 times more likely to be unmet need for FP which is very high compared to alike study conducted in Ethiopia (Genet et al., 2015).

The present study found that the main facilities to get Birth Spacing services was MCH (58.2%) and Private Clinic/Pharmacy (40.6%). Participants reported that their main sources of FP information were Health Workers (60.5%), TV (47.3%), Radio (37.9%) and Friends (27.7%). Newspaper was the least source of information in the study areas. This is in line with similar study conducted in Cameroon (Ajong et al., 2016) reported that their main source of information on FP is health care workers (47.7%) which is slightly lower than the result of this study. More or less the same figures are revealed in study conducted in Uganda (Alege et al., 2016).

During the study period, the prevalence of modern contraceptive use was 20.7%. The most common methods currently using was Injectables, Pills and Implants with nearly close proportions. The major reasons reported from those who didn't use modern contraceptives were fear of infertility, desire to have more children and fear of side effects, was the main reasons for not using modern contraceptive methods. This observation is consistent with the studies conducted in Ethiopia (Genet et al., 2015), study conducted in Egypt (Kotb Sultan et al., 2010) and similar study conducted in Uganda (Orach et al., 2015).

The fact that this study was conducted at the community level could be mentioned as the strength of the study. However, the limitations of this study were, men were not included as participants, and the lack of qualitative component.

6. CONCLUSSION

Overall, this study revealed that the magnitude of unmet need for FP is higher than the last household survey. Factors associated significantly with unmet need of family planning was wife's education, husband approval, cultural and religion prohibition, working status, and knowledge on FP. It points, that knowledge on modern contraceptives was low. Similarly, contraceptive prevalence rate was low (20.7 %). The main reasons of not using modern contraceptives were fear of infertility, desire to have more children and fear of side effects.

In conclusion, the findings of this study contribute to wider understanding of FP behaviours among Somalis that lays the foundation of effective planning for Birth Spacing programs to be impactful. As evidences show that meeting women's need for modern contraceptives would prevent about one quarter to one-third of all maternal deaths.

7. POLICY RECOMENDATIONS

By taking in to account the results of this study the following recommendations are forwarded:

- Introducing an appropriately designed BCC program addressing the under lying causes of unmet need for family planning and the overall reasons couples are not using contraceptive methods; Targeting women of reproductive age, religious leaders, traditional leaders, health care providers, and other stakeholders.
- Establish strong relationship between religious leaders and health care professionals to sort out the issue that Family Planning is against the religion and issuing a communiqué addressing the whole community on the subject matter.
- WRA education should be emphasised through formal and informal ways, and FP topics to be included in the curriculums accordingly.
- Strategies targeting husbands and youth to be developed to alleviate the underlying conditions of family planning use, and encourage the adoption of contraceptive methods through health education at outreach sites and community level.
- Further study to be considered to find out the determinants of unmet need for family planning among husbands.

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