An Overview: Factors Affecting the Attitudes of Women toward Family Planning

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Introduction

Everyone has the right to decide for themselves the number of children they want and when they want them, free from discrimination, violence, and other forms of oppression; to have access to the information and resources they need to make that decision; and to receive the best possible sexual and reproductive health care. Family planning techniques that are ineffective or improper, erroneous attitudes and actions regarding the methods, and the resulting unplanned births and higher mother and newborn death rates are the primary causes of concern when it comes to public health in most nations. It is possible that people who learn about contemporary techniques of family planning and have a favourable attitude about these methods will increase the amount of people who use these methods, which will help to the establishment of healthy communities. Around 47,000 maternal fatalities in the short or long term are directly or indirectly caused by the more than 22 million unsafe abortions that take place each year, the majority of which take place in underdeveloped nations. It is predicted that the use of contraception in women who are attempting to postpone or delay postpartum may avoid as much as one-third of all maternal fatalities. It is estimated that 222 million women throughout the globe do not have access to the family planning services they need. This unmet need is prominent among some groups, particularly those who engage in sexual activity, those whose socioeconomic level is poor, those who live in rural areas, and those who are dealing with conflicts and catastrophes. In some developing countries, an increase in the use of contraceptives has led to a reduction in the annual number of maternal deaths by forty percent over the past twenty years and a reduction in the maternal mortality rate of twenty-six percent in recent years. The maternal mortality rate is the number of maternal deaths that occur for every one hundred thousand live births. It is projected that the rate of maternal death that is still prevalent in these nations may be reduced by more than 30 percent if the demand for uncontrolled births can be satisfied. At the London Family Planning Summit, which took place in July 2012, the "Family Planning 2020" programme was officially launched. Up to the year 2020, the primary goal of this effort is to make information, services, and supplies on methods of contraception available to 120 million women and girls.

1 Family planning

The term "family planning" refers to the process through which individuals have access to the knowledge, education, and resources necessary to assist them in making educated choices about their families. In other words, family planning is a preventive service that allows married couples to achieve their desired number of children and decide the spacing of pregnancies according to their economic opportunities and personal wishes, as well as to ensure that births are spaced at appropriate intervals for the health of the mother and child. This service also ensures that births occur at appropriate intervals for the health of the mother and child.

Contrary to the widespread notion, family planning does not include setting a maximum number of children per household. The ultimate goal of family planning is to reduce the number of unplanned pregnancies, abortions performed in dangerous conditions, and deaths of infants. When there is fewer than two years between each birth, a mother's health, the likelihood of becoming pregnant, and even her probability of dying are all negatively impacted. Underdeveloped infants are born at too short of intervals (kids with low birth weight), the frequency of impairment grows, care becomes more complex, and the risk of infant death in the womb rises.

Family planning that is carried out with caution and consideration may have a number of beneficial effects, some of which include elevated levels of education, employment, and economic and social mobility. It is the goal of family planning services to make it possible for

all families to get the help they need, whenever they require it, so that they may have as many children as they choose while simultaneously lowering the risk of unexpected pregnancies and deaths in mothers and newborns. Family planning programmes recognise and respect individuals' rights to make their own decisions on the number of children they choose to have in their families. Family planning services are an extremely important component of what is referred to as "Primary Health Care," which must be made accessible to the entire populace.
According to the findings of studies conducted all around the world on the subject of family planning, fluctuations in birthrates are mostly caused by differences in thinking and practise, including the selection of contraceptive techniques. In order to effectively manage fertility, it is necessary to take a comprehensive look at the many factors — biological, psychological, and cultural — that play a role in determining fertility, as well as, more generally, at the many factors that influence people's decisions about and behaviours surrounding birth control.

2 Unmet need for family planning

In recent years, the problem of unfulfilled needs in connection to family planning has been pushed to the forefront of public discourse. It is considered that a woman has an unmet need for family planning if she does not use any form of contraception but either wants to postpone having another child (increasing the interval of births) or wants to stop having children (terminating fertility) but does not do so in order to achieve either of these goals.
In developing countries, there is a significant gap between the reproductive goals that women have and the extent to which they actually use contraception. This mismatch refers to the fact that unmet family planning demands remain. At least one out of ten women who are married or in a committed relationship have unmet requirements for family planning in the majority of regions across the world. It is estimated that twelve percent of married or in-union women throughout the globe had an unmet need for family planning. This indicates that these women desired to halt or postpone delivery but were not using any kind of contraception.
In areas where birth control is not often used, there is typically a higher demand for it. At just 29%, the contraceptive prevalence rate in Afghanistan and Timor-Leste is the lowest in all of Asia. As of the year 2015, one woman in every five throughout the globe has unmet requirements on family planning in at least 59 countries [14]. Out of them, 34 may be found in the regions of Eastern, Middle, and Western Africa. Only six percent of Turks get their unmet demand for family planning services satisfied.
In the majority of countries, the demand for contraception that is not being provided, together with unintended births, is a substantial threat to public health. The association between an unmet desire for contraception and an unwanted pregnancy has, however, been the subject of little study. Bishwajit et al. discovered that the rate of unmet need was 13.5%, and over 30% of women said that their most recent pregnancy was one that they did not wish. These findings indicate that there is a significant amount of unmet need in this population.
In order to fulfil all of the criteria for family planning, one essential step is to broaden the number of contraceptive choices that are accessible. The methods of birth control that a person chooses throughout the course of their lifetime may alter over time in response to shifting circumstances and evolving relationships within the family. Women who do not want to prevent pregnancy and do not choose to utilise birth control are responsible for around 38% of the women whose needs are not being satisfied.
It is possible that addressing some of these concerns and encouraging more individuals to take contraception may be accomplished by providing additional alternatives for how to use contraception, if any such options are available. It is possible to achieve an 8% reduction in the rate at which women cease taking birth control if we provide access to a variety of options. On the other hand, if there were additional options available, some of the 62% of women who have unmet needs could decide to make use of those options. For instance, if a new method were made more accessible to a wider audience, it may result in an 8% increase in the percentage of people using contraceptives. Last but not least, in order to stop the transmission of HIV and other STDs, some drug users may need to utilise birth control.

Comparing the outcomes of women with unmet needs depending on whether or not they plan to use contraception in the future has only been the subject of a small number of research. A cross-sectional examination of demographic and health sector data was conducted in 48 countries, and the results indicated that between 26% and 83% of unmet need women were estimated to use some type of contraception. According to the figures provided by the DHS, those who participated in the study and said that they were pregnant or amenorrheic and desired this pregnancy or had their previous pregnancy were categorised as having unmet requirements. Since the majority of these women do not want to get pregnant again in such a short amount of time, contraceptives are an alternative for them. Forty percent of postpartum women in the 27 countries where Ross and Winfrey conducted their poll said that they want to use a strategy during the next calendar year.

One-third of the 2,853 married women (aged 13–49) who participated in the study had at least one live birth between the years 2006 and 2009. A much higher percentage of women (30%) and men (33%), both with and without unmet need during these pregnancies, utilised some kind of contraception. The percentage of women who used contraception was significantly higher. Any pregnancy that develops as a consequence of a woman's unmet requirements is referred to as an unwanted pregnancy. Despite this, forty percent of unmet need pregnancies were found to have happened among women who had said that they did not want to have any more children. This discovery was taken as implying that these women either changed their minds about having children, stopped using the method, or were subjected to contraceptive failure. Alternatively, it might also indicate that these women were exposed to contraceptive failure.

3 Attitudes affecting family planning

A positive or unfavourable attitude toward an idea, an object, or a symbol might be held by a person toward any of these things. According to Bohner, an individual's attitude is whatever it is that he intrinsically has but is only consciously aware of after engaging in deeper contemplation on the topic. Arkonac contends that contrary to what the majority of academics believe, an individual's attitude is a propensity that, when assigned to him, generates his sensations and actions in relation to a psychological object in a methodical manner. This is Arkonac's argument. [C]ontrary to popular belief, an individual's attitude is a propensity. It seems to reason that a person's worldview would have some effect on the values they hold dear. A person's religion may include information, concepts, and beliefs that are founded either on their own personal experience or on the information obtained from other sources. The actual behaviour is the end result of all the elements that influence family planning practises.

Behaviors and attitudes held by individuals on the importance of using various methods of family planning have an indirect impact on the rates of fertility and demographic changes. Since a person's attitudes and behaviours have a significant impact on their preference for a method of family planning, it is very important to encourage the development of constructive ones. The evaluation of attitudes that have an effect on people's decision to use a certain method of family planning is a significant factor that plays a role in the scheduling of family planning services.

The early experiences that most individuals have in their lives and the lessons they acquire from those experiences via direct exposure, reinforcement, imitation, and social learning are the primary contributors to the formation of their perspectives on life. Most importantly, once they have been created, it is notoriously difficult to make changes to them. According to studies conducted in a number of different countries, the great majority of women are familiar with various methods of family planning but seldom make use of them. This is the situation as it is because of the prejudices that people have and their scorn for modern practises. It is common knowledge that a person's frame of mind may have a positive or negative influence on whether or not they decide to use a family planning strategy in their life. It has been determined that it is required to conduct an analysis of the many viewpoints and aspects that are now in play in order to facilitate the widespread adoption of an effective method.

People get education on various strategies for family planning, are given the psychological agency to apply those strategies, and then either favourably or negatively act on those views in response to their family planning strategies. People cope with their emotional reactions in a variety of ways, one of which is through acting on those feelings.

Individuals' perspectives on family planning techniques are influenced by a variety of factors, including but not limited to economic considerations, sociocultural factors, environmental factors, geography, age, education, traditional beliefs, religious affiliation, the type of family one has, and their level of knowledge. It is commonly known that these different factors play a part in the process by which attitudes may be transformed into actions. Even if one's state of mind cannot be seen directly, the effects that it has on one's behaviour have been well documented.

People get knowledge about their reproductive health options and then construct an internal and emotional translation of this information. After all is said and done, they combine it with their attitudes and behaviour, whether it be good or evil, and it is then available for selection.

When it comes to shaping reproductive behaviour and family planning options, many anthropologists believe that fertility aspirations and values associated to having children are just as significant as economic factors. In addition, political factors, such as the formulation of a national population strategy or the promotion of reproductive health programmes, have a considerable role. Consequently, anthropologists place a strong emphasis on the necessity of researching the ways in which social, cultural, and structural variables impact the thought processes and behaviours of people.

Early in the 1970s, researchers made the discovery that there were two factors that affected the choices that women made about their fertility. In the past, surveys of sexual preferences depended on inferences taken from charts of attitude and behaviour rather than acceptable direct measures. This was done since suitable direct scales were unavailable. In this regard, it is possible to classify countries into one of three categories: those in which selecting male siblings is acceptable; those in which selecting male siblings is preferred for various reasons; and those in which there is no consistent preference for one sexual orientation over another. There is a period of time during the transition from high fertility to low fertility in which it is recommended that couples restrict the size of their family but refrain from using contraception. Individuals in impoverished nations are more likely than people in industrialised countries to choose to limit the number of children they have, but they do not use any kind of birth control, regardless of their age. When education is considered to be one of the components of modernization, it is often believed that inconsistent behaviour has a tendency to become less common as one advances in educational level.

In the 1980s, the World Fertility Survey (WFS) started collecting data of this kind from a broad variety of developing countries all over the world. Researchers from throughout the world concluded, with the use of data from the WFS, that more education had a tendency to lower fertility. Even at low levels of socioeconomic development, when the influence of education was negligible, there was a negative association between education and income. This was the case even if education had a little impact. Research has shown that parents in many countries have a significant preference to have boys rather than daughters, despite the fact that having more men than females is an usual objective for many families.

Researchers working in the area of demography are coming to the realisation that it is necessary to take cultural elements into account while conducting their study. Numerous research have shed light on the relevance of male engagement in reproductive health and the influence it has on reproductive-related decision making and behaviour. These findings have been emphasised as being particularly important. As was said before, the majority of family planning programmes have focused on recruiting female participants as their primary audience. Men are still perceived as an afterthought and a source of friction in reproductive health campaigns, despite the efforts that have been made to get men "involved" in these activities.

4 Socioeconomic factors

In every aspect of social interaction, characteristics, tasks, and obligations exclusive to men and women are denoted by their gender. However, in research on methods of family planning, it has been shown that women are often the first to face the burden of the socioeconomic repercussions. The development ofQ women has been brought to light by the continuing fight for financial equality between the sexes, which dates back centuries.

Despite the enormous progress made toward equality, there is still a wage disparity between men and women in the workforce. If the rise of the world's population is putting a strain on the natural resources and economic possibilities available, then there is a pressing need for proper and efficient family planning in the community. Families benefit economically and socially from the increased stability that is provided by industrialization. As a result, a decrease in the desire to have a large number of children is seen as living conditions deteriorate and when women assume more responsibilities in the profession.

There is a consensus among professionals in the scientific community that human rights are an essential component of the economic system. Additionally, there is a consensus among professionals in the scientific community that the economy cannot run well without the involvement of women. As a consequence of this, it is very necessary for developed civilizations to widen the scope of their attention to include gender equality.

Men have an essential role in enhancing the economic and social standing of women all over the world. This is true regardless of location. Ignoring women improves the effectiveness of social sex-based programmes that are planned without their participation, but also makes these programmes more unjust. In developing countries, socioeconomic standing as well as other relevant criteria are associated to fertility as well as the use of contraceptives.

Withdrawal is far and away the most common method used for birth control in every region of the globe. Because we do not have enough information, we are unable to come to any conclusive findings on the question of whether or not criteria such as income and level of education play a part in selecting a preferred mode of withdrawal. According to the findings of a number of studies, withdrawal use is rather common among young women in the United States. Given that more than one third of the women in the research's sample of young women (15–24 years old) reported using withdrawal over the last month, the study was designed to be nationally representative.

5 Sociocultural factors

In every human society, there are observable differences in the practises surrounding coitus, pregnancy, and labour. Conditions that are favourable to conception and childbirth, including expectations for labour and delivery as well as the quality of prenatal and postnatal care, are all components of a society's distinctive "birth culture." A society's "birth culture" strives to maintain fundamental practises while allowing for some evolution from one generation to the next.

Marriage models (polygamy, same place, same family, relatives marriage, and so on), sexual behaviours (premarital, out-of-marriage relationships, marriage prohibitions, and so on), and the use (or lack thereof) of contraception are all influenced by a society's economic conditions (income distribution, employment opportunities, and so on), family structure (which is common among the core/extended family models, relationships among family members, sharing of responsibilities, and so on), and genital practises The resources of a person's family, the economic situation in their community, the person's beliefs about abortion, the person's concerns about using certain contraceptive methods, government population policies, the person's pregnancy status, the person's religious beliefs, the person's concept of sin, the person's cultural practises, and so on are all examples of factors that have a significant impact on a person's health. It's possible that some of them won't have an immediate effect on the results of health care, but they might function as required preconditions, supporting measures, or preventative measures instead.

The depth of women's religious identities is a significant factor in determining whether or not they are willing to discuss contraception with their partners, families, and communities, as well as whether or not they would consider acquiring and using it. The same way that institutionalised religious doctrines intersect with cultural beliefs in a society that bestows man as the overall head of the house, the same way that such beliefs are inherently subsumed in a patriarchal structure, where women have been relegated as a weaker gender and could only measure their freedom of choice within the acceptable framework, institutionalised religious doctrines intersect with cultural beliefs in a society that bestows man as the overall head of the house.

6 Education

Women's educational attainment is one of the most investigated variables in connection to both contraceptive use and unmet need because of the significant influence it has on a wide variety of health indicators. This is one of the reasons why contraceptive usage is one of the most researched factors. Some of the things that influence a woman's view on reproductive health care include her degree of education as well as her own individual experiences with pregnancy and delivery. On the family planning attitude scale, women who had a higher education (a high school diploma or above), had 1-3 pregnancies, and did not intend to have any more children in the future scored higher. With increased literacy rates, a more manageable level of population may be maintained. A significant contributor to this phenomenon is the possibility of engaging in conversation and gaining further knowledge about family planning.

The collective awareness of women rises in tandem with the percentage of educated women in the population. The scenario is made more difficult by a variety of societal elements. Opportunities for education bring about significant improvements in many aspects of the life of women. If women had greater access to information and were encouraged to be exposed to family planning techniques on a regular basis, there would be a significant increase in the usage of family planning methods, as well as a reduction in the amount of unmet need.

In societies in which marriage, pregnancy, and the age at which women begin having children are all postponed until later in life, the need for contemporary methods of birth control is certain to increase. The usage of contraception makes it possible to prevent having premature births as well as a high birthrate. When there is more time in between pregnancies, both the rate of pregnancies that are considered to be high risk and the incidence of maternal deaths go down. Women who had greater levels of education and economic stability were more likely to use more modern methods of birth control, such as oral contraceptives and intrauterine devices.

It is possible that the rate of failure of various methods of contraception may be reduced if couples were educated. Visual and audiovisual media are very helpful tools that may be used to both increase one's awareness and the rate at which information is disseminated. The prenatal and postnatal periods are the most beneficial times to get educational and counselling support.

Literature Review

Debalkie, Getu & Akalu, Yonas & Gelagay (2022) The ability of women in sub-Saharan Africa to make choices about their own health, including the use of contraceptives, is impeded by a range of socio-economic and cultural factors. This ability is one of the reasons why population growth is so high in this region. The major objective of this study was to investigate the factors that motivate married women living in sub-Saharan African countries to make use of family planning services (contraceptives). Methods The appendix contains the results of recent demographic and health surveys conducted in 35 countries located in sub-Saharan Africa. The research used a weighted sample that consisted of a total of 83,882 female participants. By using bivariate and multivariate multilevel logistic regression analyses, researchers were able to identify the factors that married women in sub-Saharan African nations consider when deciding whether or not to use family planning services. The odds ratio (OR) and the 95% confidence interval (CI) were calculated for each of the components that were included in the final model. Married women with primary education (AOR = 1.24; CI:1.16,1.32), secondary education (AOR = 1.31; CI:1.22,1.41), higher education (AOR =

1.36; CI:1.20,1.53), media exposure (AOR = 1.08; CI: 1.03, 1.13), currently working (AOR = 1.27; CI: 1.20, 1.33), 1–3 antenatal care visits (AOR = 1.12; CI:1.05,1.20), ≥ 4 ANC visits (AOR = 1.14;CI:1.07,1.21), informed about family planning (AOR = 1.09; CI: 1.04, 1.15), having less than 3 children (AOR = 1.12; CI: 1.02, 1.23) and 3–5 children (AOR = 1.08; CI: 1.01, 1.16) had higher odds of decision-making power to use family planning. Mothers who are 15–19 (AOR = 0.61; CI: 0.52, 0.72), 20–24 (AOR = 0.69; CI: 0.60, 0.79), 25–29 (AOR = 0.74; CI: 0.66, 0.84), and 30–34 years of age (AOR = 0.82; CI: 0.73, 0.92) Having a lower chance of having the ability to make decisions on family planning in comparison to their peers. Among married women, the decision-making power to use family planning was associated with factors such as age, women's level of education, occupation of women and their husbands, wealth index, media exposure, ANC visit, fertility preference, husband's desire in terms of number of children, region, and information about family planning..

Hakizimana, Sonia & Odjidja, Emmanuel (2021) With an average of 5.4 children being born to each woman, Burundi has the sixth highest fertility rate in the world. It is possible, with the assistance of family planning, to have a family that is both smaller and healthier, with births that are more uniformly spaced out, and with fewer pregnancies that were not planned. These are all positive results. It has been shown that the use of contraception and several other methods of family planning may lead to improvements in both the maternal and infant health of its recipients. In spite of general agreement on the beneficial impacts of family planning, extensive knowledge with the subject matter, and the availability of services at no cost, acceptance continues to be low, especially in more traditional rural communities. In this study, a mixed methods approach is used to accomplish the objectives of first quantifying the prevalence of contraceptives and then investigating the contextual multilevel factors that are associated to insufficient usage of family planning techniques in this community. Methods: There was study done using a sequential explanation and mixed approaches. A standardised, pre-tested questionnaire was used to interview 530 married women. The questionnaire was standardised. The last stage was to hold 11 focus groups with members of the community, totaling 132 people. These community members included married men and women, as well as administrative and religious authorities. This study was conducted out in Burundi's Vyanda and Rumonge health districts, which are located in the Bururi and Rumonge provinces, respectively, and included a total of eighteen collines. We coded the qualitative data and did deductive thematic analysis on it in order to extract relevant themes and codes, and we utilised SPSS for the quantitative analysis. The overall percentage of women who reported taking any kind of birth control was 22.6%. Logistic regression analysis revealed that having a secondary education and having fewer than four children were both significantly linked with using family planning among women aged 25 to 29 (aOR 5.04 (95% CI 2.09-10.27) p = 0.038). Among women aged 30 and older, having a secondary education and less than four children were not significantly linked with using family planning. Two of the reasons why family planning wasn't used more often were the possibility of unpleasant side effects and the financial burden of paying for its administration inside the healthcare system. People's perspectives on family planning were shaped not just by their religious beliefs but also by the conventional, unfavourable opinions that had been passed down through the generations. At the level of the individual family unit, gender differences had led to a breakdown in communication, which in turn contributed to the under- or non-use of family planning. Consequently, family planning was not used. Involving local religious leaders and community actors in efforts to change unfavourable attitudes and behaviours regarding family planning may be effective given that unfavourable views toward family planning are most often the result of cultural and religious norms.

Kv, Gayathri (2021) Helping couples achieve their desired family size and the desired amount of time between births is the primary objective of family planning. It is possible to measure the impact that it has had on people's lives, including their health, wealth, and happiness. It has been shown that the use of contraceptives reduces not only the infant mortality rate (IMR), but

also the maternal mortality rate (MMR), as well as the overall morbidity rate. Family planning continues to serve a secondary role, if any part at all, in the effort to combat the issue of overpopulation. In order to produce a health education leaflet, the goal of this research is to make advantage of the knowledge of family planning procedures held by postnatal mothers. Hospital that is connected to a prestigious medical school that is located in a rural area; descriptive research approach. Procedures and an Outline of the Contents: In this descriptive study, 150 postnatal mothers were polled about their knowledge of family planning strategies and the variables that influence their decision to use those strategies. Their contributions were used in the creation of a health education leaflet, which was then distributed to all of the postnatal mothers. According to the findings, just six percent of postnatal mothers had an above-average degree of understanding about the various methods of contraception, whereas 104 (69.3 percent) possessed an insufficient level of knowledge. There was a statistically significant correlation between the score on the knowledge section and factors such as marital status, level of education, and country of origin. It was also observed that postnatal mothers had a limited understanding of family planning. Therefore, those working in health care should educate mothers so that they may, in turn, inform their children and the rest of the community on the appropriate methods of family planning.

Kim, Ji (2021) The purpose of this study was to investigate the factors that encourage individuals to prepare meals at home. In our investigation of how individuals put up meals at home, we considered a number of different elements, including demographics, people's perceptions of their own cooking skills, and the concept of planned behaviour. Participating in the study were a total of 425 moms in South Korea who had children of elementary school age. They responded to a standardised online questionnaire that was administered to them. In order to investigate the elements that people consider while deciding whether or not to cook at home, a hierarchical regression analysis was carried out. It was discovered that the average number of times a person made a meal at home throughout the course of a typical week was 14.1. The great majority of respondents said that they planned to alter their typical methods of cooking. A positive attitude towards one's ability to prepare meals at home was worth, on average, 15.1 points (scale of 1 to 25). Attitude was shown to have a significant positive correlation with both cooking behaviour and skill ($P = 0.01$, $r = 0.22$). The average score that respondents gave for their thoughts was 14.6. (scale of 1 to 25). There was a link between the act of cooking and the subjective norm that was statistically significant ($P < 0.01$, $r = 0.18$). The estimated value according to the norm was 2.8. (scale of 1 to 5). In each and every one of the questions, there was a significant correlation between the control belief and the behaviour of cooking ($P = 0.01$, $r = 0.25$). The majority of the responders felt confident in their culinary abilities, with the exception of Kimchi. It was found that one's opinion of their own cooking talents was strongly connected with how excellent a chef they believe they are ($P = 0.01$, $r = 0.30$), which is consistent with the findings of the question pertaining to culinary habits and habits in general. It was shown that future cooking activity may be significantly predicted by factors like perceived cooking competence, employment status, money, and perspective. Significant predictors of home-cooked meal preparation were employment status, income, confidence in one's ability to exercise control, the number of children in the household, and behavioural intention. It is necessary to have a positive outlook on cooking behaviours, a heightened feeling of agency, and a heightened sense of culinary competence in order to provide nutrition education with the end objective of increasing the amount of time spent cooking at home. In addition, women demand education that is geared specifically toward the circumstances of the jobs they hold.

Skinner, Joanna & Raney, Laura & Galavotti (2021) There is still a long way to go as we get closer to the next decade, but owing to the work of the global family planning community, there will be 120 million more women and girls utilising contraceptives by the year 2020. The supply-driven strategy that dominates family planning ignores the personal, interpersonal, and societal obstacles that prevent women and couples from realising their reproductive goals.

While improvements in the health care infrastructure are important, this strategy also ignores the obstacles that prevent women from having children. The only option to overcome these challenges is to increase investments in the tried-and-true, but underutilised, approach of social and behaviour change, as well as to have a greater awareness of the behavioural elements and social environment in which family planning decisions are made (SBC). We argue that a greater emphasis on SBC in family planning may help in the advancement of global, regional, and national objectives, and we ask for funding that is both strategic and sustained to reflect the vital relevance and demonstrated benefit of SBC methods. In addition, we argue that a greater emphasis on SBC in family planning may help in the advancement of global, regional, and national goals.

Roy, Nitai & Bony Amin, Md & Maliha (2021) Bangladesh is not immune to the global health system disruptions caused by the COVID-19 pandemic, which have reduced people's ability to get reproductive health education and services. Unfortunately, there is a lack of research on the possible causes of this disturbance in Bangladesh. The purpose of this research was to analyse how the COVID-19 pandemic affected the usage of FP in the selected regions. Methods Descriptive statistics and a cross-sectional questionnaire were used to analyse the respondents' individual traits. Chi-square analysis was used to determine which factors were significantly associated with FP use. A multivariate logistic regression model was also utilised to determine which factors were associated with FP in the research locations during the COVID-19 epidemic. There was a 23% drop in the prevalence of FP use among presently married women aged 15–49 years old (36.03%), compared to data collected before the epidemic. The results also revealed that the percentage of responders taking OCP decreased from pre-pandemic levels (61.7% to 24.42%). The parameters influencing FP usage were more thoroughly explored using multivariate regression analysis. Women's age, respondents' education level, the marital status of their husbands, whether or not they had ever been pregnant, the number of children they had, and the number of children who had died were all found to be significantly associated with FP use in the study areas during the COVID-19 pandemic. This research examines barriers to FP usage in Bangladesh during the COVID-19 pandemic and highlights unobserved variables that led to a decline in FP use. This study contributes to our knowledge of FP by illuminating the widespread effect of the COVID-19 pandemic on FP use throughout rural and urban Bangladesh.

Planning

Family Planning Expansions

In addition, state-initiated expansions of coverage for family planning have played a significant role in increasing Medicaid's participation in paying the total family planning effort. 94 More than half of the states have asked the Centers for Medicare & Medicaid Services (CMS) for approval to broaden the program's eligibility requirements to include family planning services since the mid-1990s (but not for other services). 94 The income thresholds established by these states for Medicaid-covered family planning are usually the same as those used for eligibility for pregnancy-related care, i.e., at or near 200% of the federal poverty line. These figures were much higher than the states' previous Medicaid eligibility thresholds prior to the ACA. In 2013, the eligibility threshold across states for working parents averaged 64% of the poverty level, and most states barred childless persons from Medicaid regardless of income. Twenty-six states have made all low-income women eligible for Medicaid's family planning services regardless of whether they have ever been enrolled in Medicaid; four other states have made more limited expansions, typically extending family planning benefits for women who would otherwise lose Medicaid coverage after giving birth. Both temporary "waivers" of Medicaid restrictions and permanent amendments to each state's programme have been used to execute expansions.

Only 14 of the 26 states don't use Medicaid waivers to fund their programmes. The federal government typically grants these exemptions for five years at a time, with the option to renew for shorter terms. It is a requirement of this procedure that states prove their Medicaid waivers won't increase federal spending on the programme above what it would have been without the

waiver. A state plan amendment is a more modern, quick, and long-lasting method that 12 states have used to increase access to family planning treatments covered by Medicaid (SPA). In light of the established programmatic and economic efficacy of the family planning waiver programmes, the ACA includes the opportunity to utilise an SPA to increase eligibility expressly for family planning and associated services. While government permission is still necessary to receive a family planning SPA, the procedure is meant to be easier than asking for a waiver and does not need renewal. Additionally, cost-neutrality is not a prerequisite for SPAs. Coverage under a state's family planning SPA may not be denied to anybody on the basis of age or gender. The landscape of the national family planning effort has been altered by these policies, which have also provided a welcome injection of additional resources into the family planning infrastructure. Between 1994 and 2010, states that implemented an income-based expansion accounted for more than 70% of the rise in national expenditure on family planning. The increased expenditure on Medicaid in states with income-based expansions has not been followed by a corresponding decrease in other resources; hence, family planning programmes in these states have more overall funds available to deliver high-quality treatment. In FY 2010, they allotted an average of $221 per needy female, whereas other states spent an average of $61.

Preventing Unintended Pregnancies

Providing women who desire and cannot otherwise afford effective forms of contraception would lessen the number of people who must decide between abortion and an unplanned pregnancy. In 2010, 2.2 million unwanted births might have been avoided thanks to women using publicly subsidised contraception clinics. 70 About 1.1 million of these pregnancies would have been born to their mothers against their will, while another 760,000 would have terminated in abortion. The other pregnancies would have ended in miscarriage. Without publicly funded family planning services, annual rates of unintended pregnancy, unplanned birth, and abortion in the United States would be 66% higher among women overall and 73% higher among teenagers (Figure 3.2, page 20);70 and the rates would be 70% higher among poor women, whose need for publicly funded contraception has risen so significantly. Considering that the abortion rate in the United States has been steadily falling since the 1980s, this effect is especially noteworthy. The abortion rate in the United States would be greater than it has ever been without access to publicly funded services. More than half of these unwanted pregnancies may have been prevented if women hadn't been able to access the services provided by Title X-funded centres. In 2010, 1.2 million unwanted pregnancies were prevented thanks to the contraceptive services provided by Title X providers; this prevented 590,000 unwanted births and 400,000 abortions. 70 Therefore, if it weren't for the services offered by Title X-funded clinics, the national rate of unwanted pregnancies, births, and abortions in the United States would be 35% higher and the rate among adolescents would be 42% higher.

These latest results are in line with decades of study. As a matter of fact, the Office of Economic Opportunity made the first federal family planning grants in the 1960s as part of the Johnson administration's signature War on Poverty, and there is evidence to suggest that this effort has had a significant impact on helping low-income women gain access to contraception and avoid unwanted pregnancies ever since.

1) **Women's health:** I A self-reported index of health (CurrHealthy) with a value of 1 if a woman considers herself to be in "Good" health and a value of 0 otherwise; (ii) the self-reported ability to complete five ADLs, normalised to 1 (no functional limits) or 0 (maximal restrictions) (ADLEq0);. (iii) how many kg the lady weighs; (iv) A woman's BMI expressed in kilogrammes per square metre (kg/m2); (v) A binary variable with a value of 1 if the woman's BMI is higher than 18 and a value of 0 otherwise.

Methodology

Assumptions

1. Current prevalence rate of family planning method adopted was 13.3%.

2. The calculated sample size was indeed representative of the current women in their reproductive age adopting family planning method and use.
3. All women had knowledge on family planning methods and uses.
4. External factors that could influence the study and were beyond control did not feature in the course of the study.

Objectives of the Study

1. To study among rural and urban woman, the effect of risk taking behavior on the acceptance of family planning program
2. To study effect of aspiration on family planning program.
3. To study among rural urban program the effect of motivational factors on the acceptance of family planning program.
4. To study the effect of decision-making behavior on the acceptance of family planning program among rural and urban woman.
5. To study if the stereotype factors on acceptance of family planning effects among rural and urban woman.
6. To study values to the acceptance of family planning program among rural/urban woman.

Hypothesis

1. Impact on the status and building of family planning programmed among rural and non rural womens family planning program opening
2. Rural a reas face difficulties in compared to urban centers
3. Family planning program benefits shown in urban area
4. Adherence to family planning programe urban people much villagers do less

Conclusions

Similar to other health services, the acceptance and use of family planning services is a phenomena that was impacted by a variety of reasons. Demographic and socioeconomic issues were among them. Age, educational level, marital situation, and husband support were these. There were other considerations, such as clinic accessibility and waiting times of less than 30 minutes, which allowed for 24/7 clinic visits. Along with the expertise and attitudes of service providers towards service delivery and quality care, other factors were client-provider interaction, supervision, logistical accessibility, and government policies on family planning. Age was a statistically significant factor in determining whether respondents were willing to use family planning. Over half (88.5%) of respondents across all age categories, according to the research, were willing to use a family planning approach. The majority of respondents who indicated a readiness to embrace the FP approach were between the ages of 35 and 39. In order to assist adolescents, awareness of FP and adolescent reproductive health facilities must grow. The findings showed that women's decisions to adopt and utilise family planning were significantly influenced by their understanding of family planning, age, and educational level. Two additional important factors that affect the use of family planning are the satisfaction with the technique, which was substantially correlated with waiting time, and accessibility to the location where services are provided.

Rating the client-provider contact indicated that the provider took the time to get to know the customer, addressed the client's concerns, and heard the client's expectations. Others claim that the family planning technique, along with information on its adverse effects, proper counselling, education, and information, were adequately given to them. However, the majority of the women reportedly changed their method or ceased using FP due to its ill effects. The FGD made it obvious that women were aware of the advantages of family planning, including the ability to space out children and avoid unintended pregnancies. However, the main obstacle to women using family planning methods was a lack of comprehensive awareness about the adverse effects. Additionally, there was data showing a strong correlation between respondents' educational levels and their use of family planning methods.

Additionally, consumers and suppliers of family planning services expressed their views and suggested additional changes to the logistics and FP policy. They want FP that was effective and efficient in providing oversight and protection while also causing fewer negative effects, being less expensive, and being simpler to use. While supplies have increased for quality of treatment, the transportation system still needs work to enable service delivery. Most FP techniques need to go through extensive study, testing for safety and efficacy, and regulatory approval before they can be used.

Areas for Further Research

1. Additional research on the following might be done:
2. Minimising contraception's negative effects to ensure successful usage.
3. Use of contraceptives by males.
4. Staff training to provide better care and services for contraception.

Bibliography

1. Kim, Ji. (2021). Factors affecting home cooking behavior of women with elementary school children applying the theory of planned behavior. Nutrition Research and Practice. 15. 106. 10.4162/nrp.2021.15.1.106.
2. Skinner, Joanna & Raney, Laura & Galavotti, Christine & Light, Benedict & Weinberger, Michelle & Van Lith, Lynn. (2021). Elevating Social and Behavior Change as an Essential Component of Family Planning Programs. Studies in Family Planning. 52. 10.1111/sifp.12169.
3. Roy, Nitai & Bony Amin, Md & Maliha, Maskura & Sarker, Bibhuti & Aktarujjaman, Md & Hossain, Md Ekhtear & Talukdar, Gourango. (2021). Prevalence and factors associated with family planning during COVID-19 pandemic in Bangladesh: A cross-sectional study. PLoS ONE. 16. 10.1371/journal.pone.0257634.
4. Dewati, Meidina & Kusumaningrum, Tiyas & Pradanie, Retnayu. (2020). Determinant of Behavior of Contraception Selection in Early Marriage Young Mother. Pediomaternal Nursing Journal. 6. 41. 10.20473/pmnj.v6i1.15857.
5. Ahmed, Mohammed & Seid, Abdu. (2020). Association Between Exposure to Mass Media Family Planning Messages and Utilization of Modern Contraceptive Among Urban and Rural Youth Women in Ethiopia. International Journal of Women's Health. 12. 719–729.
6. Salim, Ansa & Khan, Sania. (2020). The effects of factors on making investment decisions among Omani working women. Accounting. 6. 657-664. 10.5267/j.ac.2020.6.019.
7. Madni, Abdul & Iqbal, Ashraf & Babar, Zaheer. (2020). The Influence of Advertisements on Adoption of Family Planning Methods in Pakistan. Global Mass Communication Review. V. 10.31703/gmcr.2020(V-III).03.
8. Hlongwa, Mbu & Mashamba-Thompson, Tivani & Makhunga, Sizwe & Hlongwana, Khumbulani. (2020). Factors influencing contraceptive use and sexual behavior among women in South Africa. Medicine. 99. e19490.
9. Kassim, Mohamed & Ndumbaro, Faraja. (2020). Factors Affecting Family Planning Literacy: Perspectives of Women of Childbearing Age in Rural Lake Zone, Tanzania. 10.21203/rs.3.rs-107991/v1.
10. Turner, Joseph. (2020). Misrepresentation of contraceptive effectiveness rates for fertility awareness methods of family planning. Journal of Obstetrics and Gynaecology Research. 47. 10.1111/jog.14593.