



**UNMET NEED FOR FAMILY PLANNING IN BANGLADESH:
ANOTHER WAY TO LOOK INTO IT**

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The present study aims to make a broader estimate of unmet need for family planning. Conventional limiting and spacing unmet needs and unconventional health-risk and poor contraception unmet needs are considered along with exploring their determinants. The study uses data from the Bangladesh Demographic and Health Survey 1999-2000. There are 9,720 currently married women aged 10-49 included in the analysis. Simple descriptive analysis and multinomial logistic regression were used to analyze the data.

The study revealed that the proportion of unmet need is much more than the conventional estimate. At present one-third (34 percent) of currently married Bangladeshi women have an unmet need for family planning. More than half of these women (19 percent) have unconventional unmet needs with the highest prevalence being for health-risk unmet need (11 percent), especially for pregnancy at an early age or with a short birth interval. The proportion of poor contraception unmet need (8 percent) is also significant and more than half of these are condom users and periodic abstainers.

The study observed significant variations of different categories of unmet need by demographic, socio-economic, communication and motivation, and program access variables. Among different covariates, age has a significant negative effect on spacing and health-risk unmet need. Similarly, fieldworker visitation, ever use of FP, husband-wife communication, spousal agreement, and employment status of women also have significant negative effects both on spacing and health-risk unmet needs. Only administrative division and visitation status of satellite clinics showed significant positive effects on limiting, spacing and health-risk unmet needs. Although fertility desire appears to be the best predictor of limiting unmet need, the effects of religion, education, husband-wife communication, spousal agreement, fieldworker visitation and ever use of FP are negative and significant. Level of education, place of residence, fertility desire and even visitation status of satellite clinics have significant positive effects on poor contraception unmet need. Only fieldworker visitation and religion significantly contributed to a reduction of poor contraception unmet need.

The study result clearly reveals that younger women should be addressed regarding health-risk and spacing unmet needs. The target for limiting unmet need should be women with at least 2-3 children. The study observes that fieldworkers are the most useful program tool for intervening in unmet contraception need. Along with selective home visitation they can also utilize the static facility for providing counseling, supplies and referral services. In addition, strengthening program efforts in Sylhet and Chittagong divisions, involvement of males and community leaders, and ensuring support from religious leaders are some other key issues which need to be addressed to reduce unmet need.