

Literature Review of Unmet Need for Family Planning



16 December 2025



Introduction



According to CDHS 2021-2022,

- Increasing trend in contraceptive use among currently married women (56% in 2014 to 62% in 2021-22)
- The use of any modern method of contraception also increased (39% in 2014 to 45% in 2021-22)

However,

- Regarding the unmet needs for family planning, it has been stagnant among currently married women (12.5% in 2014 to 11.8% in 2021)
- The use of traditional contraceptive methods has shown no significant progress, remaining static at around 17% since 2014.



Purpose and methodology



This Literature Review aims to explore the **underlying reasons**, or the "**why**," behind the **persistent unmet need for family planning** despite their very high knowledge about the contraceptive methods and full-scale availability of contraceptives across the country.

(Both CDHS and SAE do not address “why”)

Particularly, this literature review will focus mainly on the unmet need for family planning **among currently married women aged 15-49** due to the detailed data available by various background characteristics.

The primary methodology for this research is a narrative review.



Global Context



Globally, the unmet need for family planning is a complex issue

Socioeconomic and demographic factors:

Poverty and lack of education, Age, Marital Status, Desired Family Size and Gender Preference, Gender Inequality and Power Dynamics

Beliefs, attitudes, and preferences:

Concerns about side effects and health risks, Infrequent or No Sexual Activity, Opposition to Contraception, Misconceptions and lack of Accurate Information, Beliefs about Postpartum amenorrhea/ Breastfeeding

Unmet Need for family planning

Cultural and Religious Norms:

Traditional Beliefs, Religious Restrictions

Health System and Service Delivery Barriers:

Lack of Access to Quality Services, Provider Bias and Attitudes, Cost, Lack of Confidentiality, Inadequate Counseling and Information, Legal and Policy Barriers



Regional Context



Unmet Need Varies Widely: The total unmet need for family planning for married women of reproductive age ranges significantly, from a high of 20.8% in Nepal to a low of 10.0% in Bangladesh.

Method Preference: The most popular modern methods vary by country. Injectables are dominant in Myanmar and Indonesia, while pills are preferred in Cambodia, Lao PDR, the Philippines, and Bangladesh. In Nepal, female sterilization is the most common method.

Urban vs. Rural Disparities: While most countries show minimal or a higher unmet need in rural areas (e.g., Myanmar, Cambodia, and Bangladesh), Indonesia stands out with a higher unmet need in urban areas. This suggests that the drivers of unmet need are not uniform and may relate to different factors.

Prevalence of Traditional Methods: The use of traditional methods, particularly withdrawal, is notably high in Cambodia (17.2%), the Philippines (16.5%), and Nepal (14.6%), while it's extremely low in Myanmar (1.0%). This suggests varying levels of trust and access to modern methods, as well as cultural acceptance of traditional practices.

Regional Context



Percentage of unmet need for family planning, modern contraceptive prevalence rate, traditional method use by countries

Country (Survey Year)	Total Unmet Need (%)	Limiting (%)	Spacing (%)	Modern contraceptive prevalence rate (%)	Most Popular Modern Method	Traditional Method Use (%)
Nepal (2022)	20.8	13.4	7.4	42.7	Female sterilization	14.6
Myanmar (2015-16)	16.2	11.4	4.8	51.3	Injectables	1
Lao PDR (2017)	14.3	8.9	5.4	49	Pills	5
Philippines (2022)	12.4	6.6	5.8	41.8	Pills	16.5
Cambodia (2021-22)	11.8	7	4.8	44.7	Pills	17.2
Indonesia (2017)	10.6	6.5	4.1	57.2	Injectables	6.4
Bangladesh (2022)	10	5	5	54.7	Pills	9.3



Regional Context



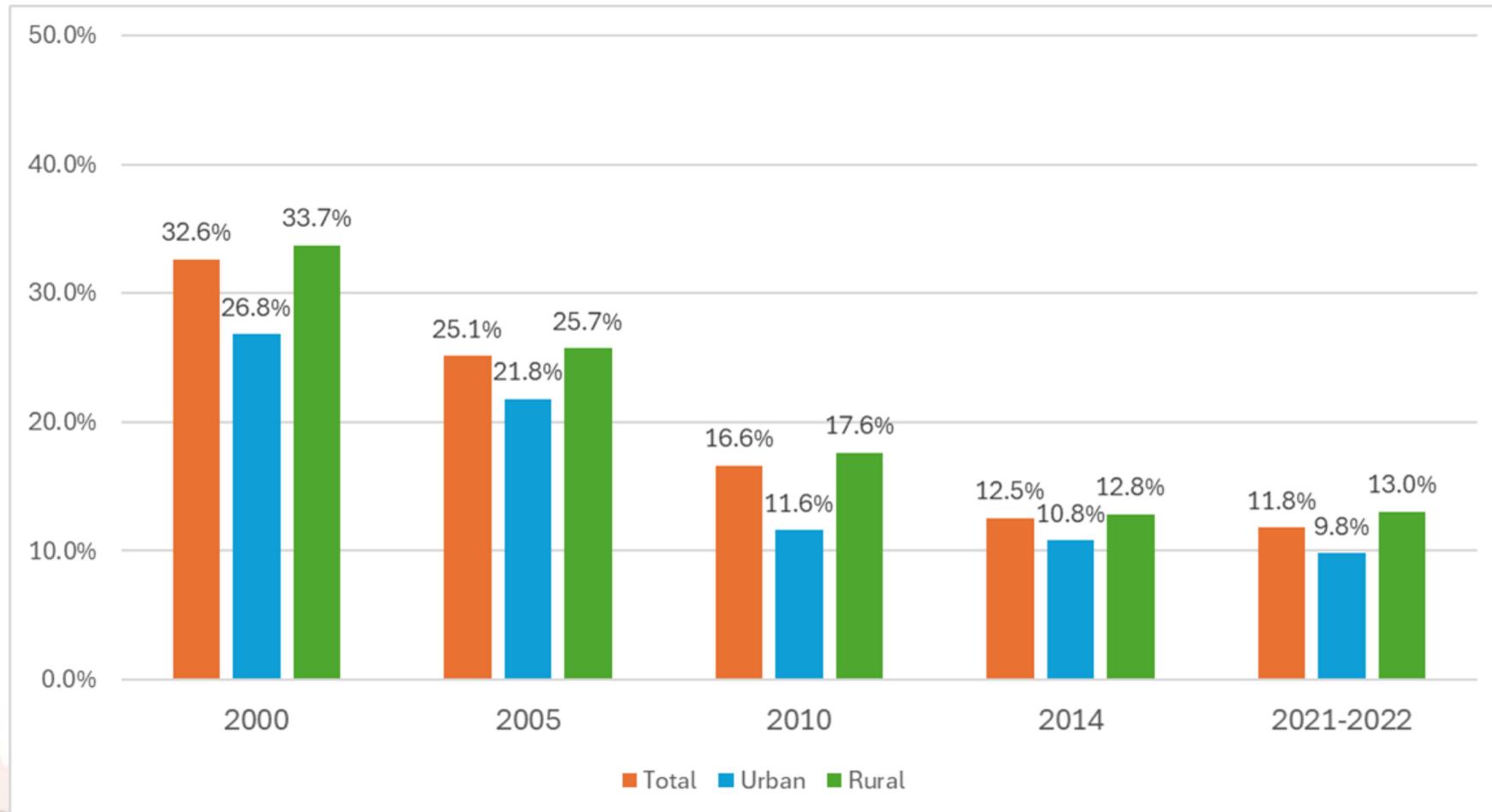
Policy	
Recognition of the right to choose number, timing and spacing of children	In a Policy
Existence of an official political plan, national policy or strategy related to contraception	Yes
Inclusion of contraceptive methods in the National Essential Medicine List (NEML)	Between 6 and 10
Contraceptive-related commitments to EWEC, Nairobi Summit or FP 2030	Yes - substantially (>1)
Availability of a framework on SRHR education including information on all available modern contraceptives?	Yes
Availability of a census or survey including indicators on SRHR	Yes, <5 years
Existence of a national committee on Contraceptive Supply	Yes
Access	
Availability of youth-friendly services	Yes
Existence of a government-led stand alone webpage to inform on contraception	Yes
Existence of governmental awareness campaigns on contraceptives at a national level	Yes
Emergency contraception registration status	EC is registered
Availability of emergency contraception without prescription	Yes
Restrictions based on social status	No
Funding	
Availability of funds allocated and spent on public sector contraceptive	Yes
Level of contraception coverage within the National Health Insurance system	Yes - fully
Existence of grants and/or donations of in-kind contraceptives	Yes

The 2023 Contraception Policy Atlas, which evaluated government policies on contraception access across the Asia and Pacific region, positioned Cambodia at the top.

Trend Analysis in Cambodia



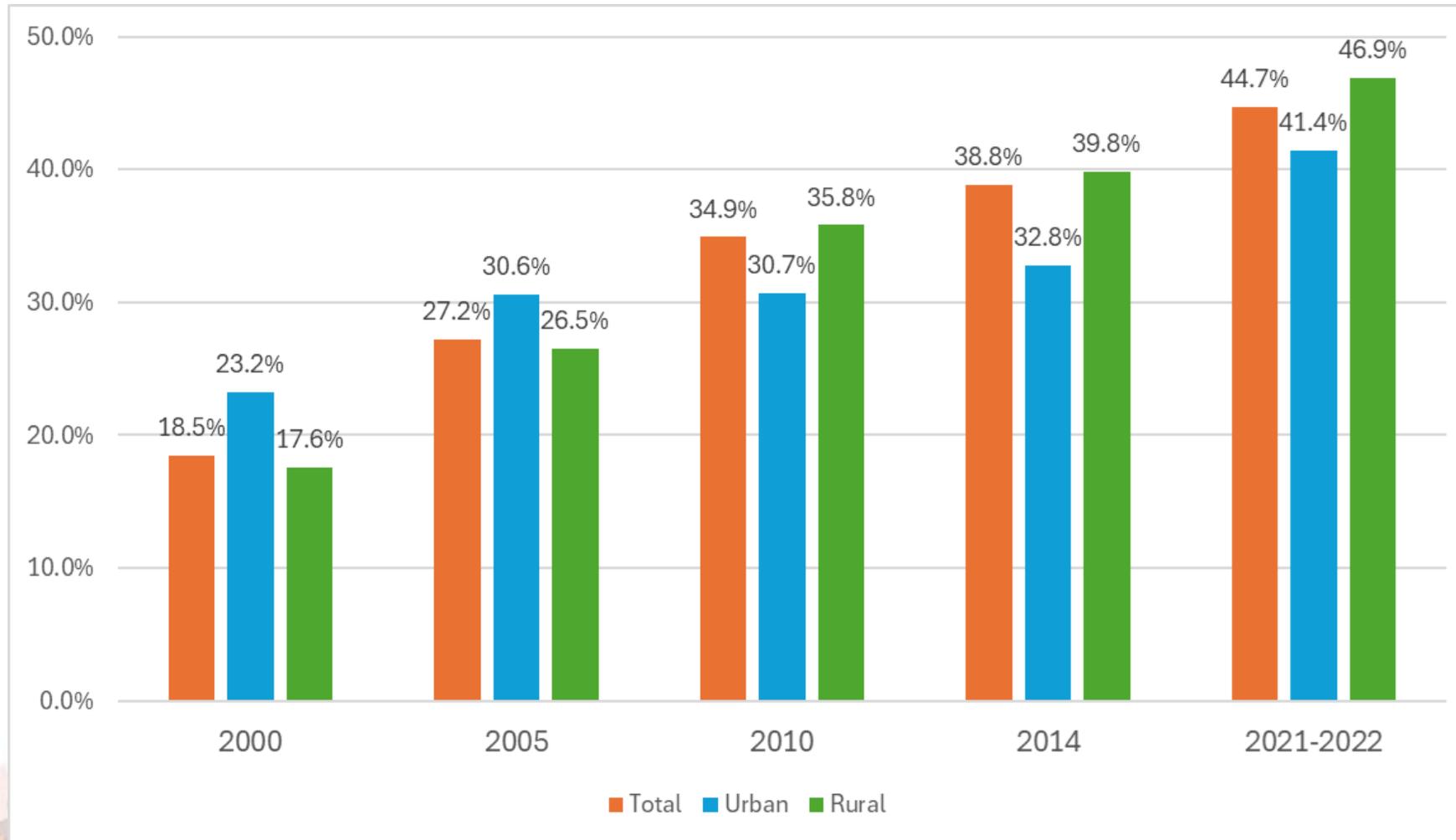
Percentage of unmet need for family planning, modern contraceptive prevalence rate, traditional method use by countries



Trend Analysis in Cambodia



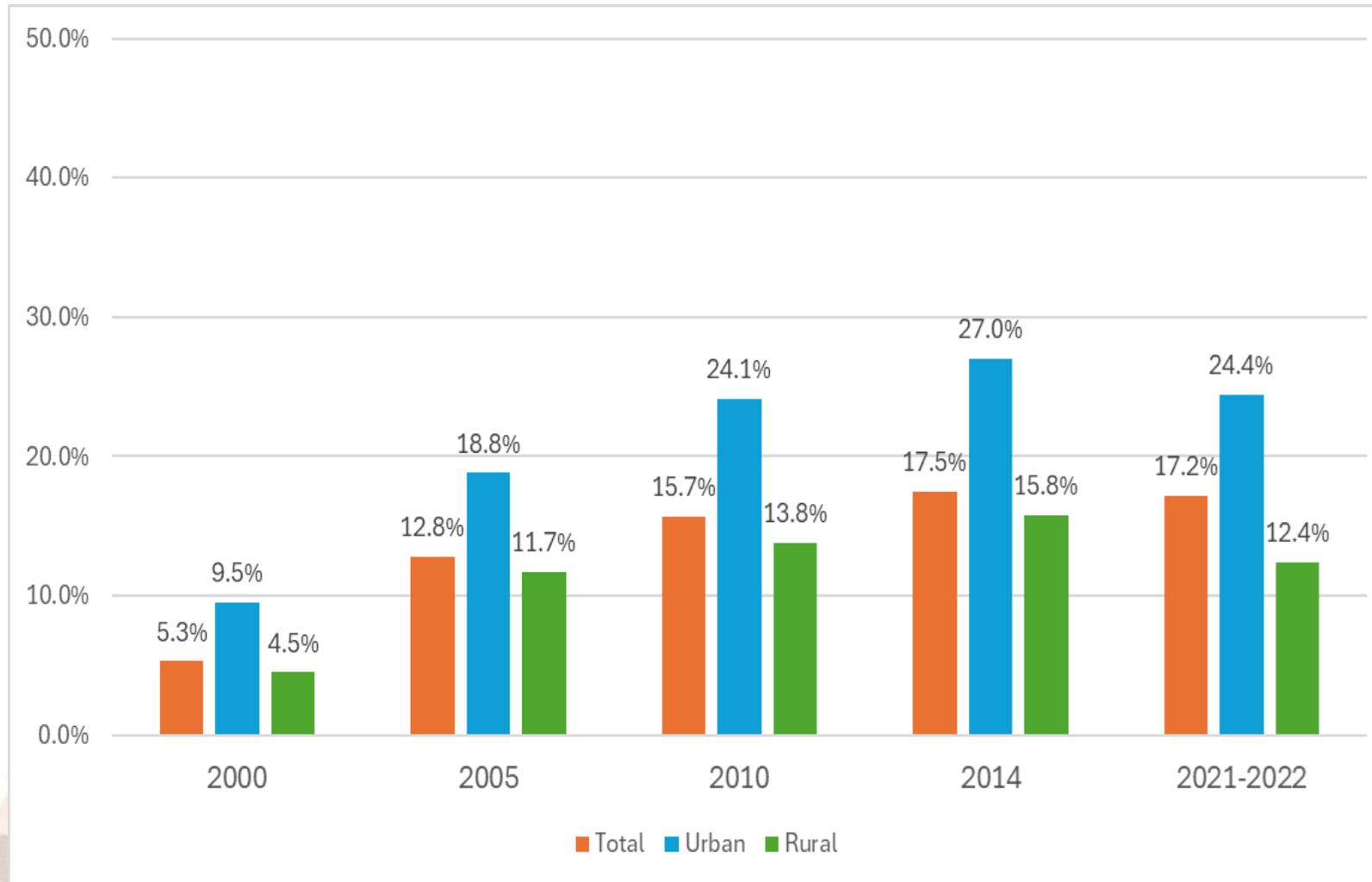
Modern Contraceptive Prevalence Rate among currently married women



Trend Analysis in Cambodia



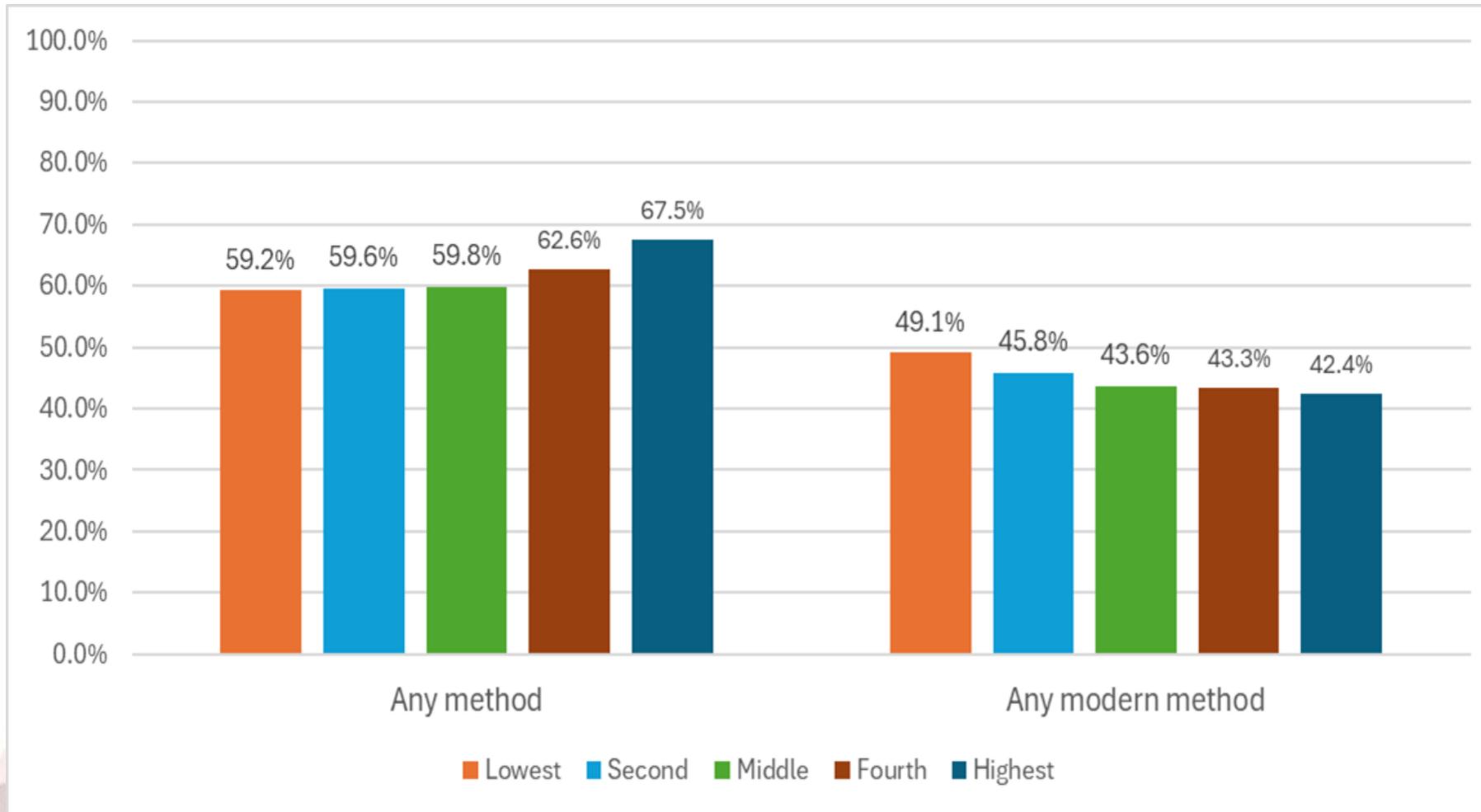
Traditional Contraceptive Prevalence Rate among currently married women



Trend Analysis in Cambodia



Contraceptive Prevalence Rate among currently married women by wealth quintile in 2021-22



Trends and Challenges by provinces in Cambodia



Percentage of unmet need for family planning, use of any contraceptive method, modern contraceptive prevalence rate, use of any traditional method among currently married women by provinces

Province	Total Unmet Need (%)	Use of any contraceptive method (%)	Modern contraceptive prevalence rate (%)	Use of any traditional method (%)
Average	11.8	61.9	44.7	17.2
Banteay Meanchey	14.5	62.2	56.2	6
Battambang	12.1	65.5	51.1	14.4
Kampong Cham	16.2	46.4	38.9	7.5
Kampong Chhnang	11.6	61.9	43.7	18.2
Kampong Speu	9.7	61.8	45.3	16.6
Kampong Thom	12.9	59.8	46.6	13.2
Kampot	6.7	66.3	50.9	15.4
Kandal	8.4	69.3	44	25.3
Koh Kong	16.9	45.7	39.4	6.3
Kratie	12.3	56.7	40.5	16.2
Mondul Kiri	8.1	70.4	55	15.4
Phnom Penh	8.6	68	36.3	31.8
Preah Vihear	6.9	66.3	52	14.3
Prey Veng	13	63.2	48.7	14.6
Pursat	30.7	32.5	25.4	7.1
Ratanak Kiri	12.2	63.6	57.5	6.1
Siemreap	12.6	65.5	51.1	14.4
Preah Sihanouk	10.6	68.1	45	23.1
Stung Treng	17.4	54.5	42.6	11.8
Svay Rieng	10.6	58.1	41	17.1
Takeo	10.7	59.4	45.3	14.1
Otdar Meanchey	12.4	66.2	54.5	11.8
Kep	15.4	61.1	49	12
Pailin	14.1	63.9	46.2	17.7
Tboung Khmum	13.3	59.3	41.2	18.1

Trends and Challenges by provinces in Cambodia



Comparing the percentage of unmet need for family planning and current use of any modern contraceptive method rate with their national averages, the provinces can be divided into four groups.

1. Low unmet need and High modern method use: Kampot, MondulKiri, Preah Vihear, Preah Sihanouk, Kampong Speu, Takeo

2. High unmet need and Low modern method use: Kampong Cham, Koh Kong, Kratie, Pursat, Stung Treng, Tboung Khmum, Kep

3. High unmet need and High modern method use: Banteay Meanchey, Battambang, Prey Veng, Ratanak Kiri, Siemreap, Otdar Meanchey, Pailin, Kampong Thom

4. Low unmet need and Low modern method use: Kampong Chhnang, Kandal, Phnom Penh, Svay Rieng

To understand the factors contributing to high unmet need for family planning in Cambodia, among four categories, this chapter focuses on **group 2** and **group 3**.

Reasons for use of traditional methods in Cambodia



The following reasons can be identified explaining why provinces including Phnom Penh, Kandal, Preah Sihanouk, Kampong Chhnang, Tboung Khmum, and Pailin have high rates of current use of any traditional contraceptive methods.

Greater access to information and misinformation: CDHS 2021 shows that 47% of urban women heard or saw family planning messages through social media compared to 29.6% in rural areas. The urban demographic is more likely to be online and active on social media, where anecdotal stories and misinformation about contraceptive side effects can spread rapidly without context or medical validation.

Focus on "Natural" and "Wellness": With greater health consciousness, there can be a preference for "natural" or non-hormonal approaches to health, leading them to avoid what they perceive as "chemicals" or artificial interventions in their bodies.

In conclusion, the high use of traditional methods in Phnom Penh, Kandal, Preah Sihanouk, Kampong Chhnang, Tboung Khmum, and Pailin is a complex issue rooted in fear of side effects, the powerful influence of social networks, and a lack of trust in modern contraceptive technology.

Recent Trends and Challenges in target population



❖ Adolescents and Youth

- CDHS 2021-2022 shows that unmet need for family planning is particularly high among currently married women aged 15-24. Among these women, both current use of any contraceptive method and any modern contraceptive method rates are low.
- Lack of knowledge about sexual and reproductive health and family planning is one of the reasons. CDHS 2021 shows that 7.1% of women aged 15-19 and 16% of women aged 20-24 had correct knowledge of the fertile period during the ovulatory cycle.
- In addition, Rizvi, F., Williams, J., & Hoban, E. (2019) highlighted that limited access to modern contraceptive methods is causing unintended pregnancy of adolescents and youth in Cambodia.
- Moreover, Park, G., & Yang, Y. (2024) highlighted that men and women are influenced by their friends. Men are more influenced by their male friends who share their sexual experiences, which motivates them to be sexually active.



Recent Trends and Challenges in target population



❖ Garment factory workers

- Though garment factory workers are typically young and unmarried with low levels of education, UNFPA (2014) shows that knowledge and use of contraception of garment factory workers mirrored patterns seen in the general population.
- While most workers were aware of family planning methods, only married workers commonly used them. Short-term methods were preferred over long-term options, and the withdrawal method was also frequently reported.
- Furthermore, rumors about the negative side effects of contraceptives and the risk of infertility were still widespread.



Key Findings – Challenges in Cambodia



❖ **Geographic and Socioeconomic Disparities**

The unmet need for family planning is consistently higher in rural areas (13.0%) compared to urban areas (9.8%). Provinces with particularly high unmet need, such as Pursat (30.7%) and Stung Treng (17.4%), are often characterized by lower educational attainment, lower wealth quintiles, and limited exposure to family planning messages. This suggests that in these regions, the unmet need is primarily driven by a lack of access to information, services, and financial resources.

❖ **Religious and ethnic minorities**

Provinces with high unmet need for family planning include provinces with large populations of religious minorities, such as Muslims, and ethnic minorities. International studies show that smaller ethnic groups and religious groups, including Muslims may face challenges accessing services due to both cultural and social dynamics which can significantly influence family planning decisions and access. However, since there is no research conducted in the context in Cambodia, a dedicated research is required.



Key Findings – Challenges in Cambodia



❖ **The Paradox of High Unmet Need and High Modern Contraceptive Use**

A significant finding is that some provinces have a high unmet need for family planning despite a high use of modern contraceptive methods. As for the possible reasons, it may be due to a high rate of unintended pregnancies, which can be attributed to discontinuation or contraceptive failure. Reasons for discontinuation include side effects, inconvenience, or partner opposition. However, as these are still hypotheses, additional data collection is required.

❖ **Reasons for High Traditional Method Use**

The high prevalence of traditional methods, particularly in urban areas (24.4%), is not due to a lack of knowledge or access but rather a complex set of factors:

-Overwhelming Fear of Side Effects: Many women and men are worried about the side effects, such as headaches, weight loss, or infertility, based on rumors and negative anecdotes from social networks.

-Partner's Preference and Influence: Male partners' opposition or preference for the withdrawal method is one of the major barriers to the use of modern contraception. Power dynamics within relationships play a significant role in family planning decisions.

-Misinformation from Social Networks: Despite knowing about modern methods, a significant number of women using traditional methods mistakenly believe them to be more effective than modern ones.

Misinformation spreads rapidly through social media and peer networks, influencing decisions, especially in urban areas with high social media use.

Key Findings – Challenges in Cambodia



❖ Challenges in Specific Populations

Adolescents and Youth: The unmet need for family planning is particularly high among married women aged 15-24. This group often has limited knowledge of sexual and reproductive health and is heavily influenced by peers.

Garment Factory Workers: While most workers have some awareness of family planning, the use of contraception is common only among married workers, with a preference for short-term and traditional methods. Widespread rumors about side effects and infertility also affect this population.



Conclusion



The findings indicate that unmet need is not uniform across the country but rather manifests in two distinct patterns:

1. In rural, less affluent provinces, the challenge is primarily **one of limited access to information and services, driven by socioeconomic factors** like low education and poverty, which can be exacerbated amongst religious and ethnic minorities.
2. In more urban, developed provinces, the challenge is rooted in **preference and perception, with fear of side effects, misinformation, and spousal influence** leading to a high use of less effective traditional methods and method discontinuation.



Recommendations



To overcome these challenges, a two-pronged strategy is recommended:

❖ **Enhanced Service Quality and Accessibility**

Tailored Interventions and Improved Counseling:

- Implement targeted outreach to remote areas using mobile clinics and community-based health workers.
- Train healthcare providers to deliver comprehensive, non-judgemental, and client-centered advice.
- Counseling must effectively address individual concerns and potential side effects to reduce method discontinuation and promote informed decision-making.
- Address specific rural barriers (like low education and poverty) by integrating family planning into broader health and community development initiatives.
- Ensure a secured contraceptive supply across both the public and private sectors with a wide range of choices.



Recommendations



To overcome these challenges, a two-pronged strategy is recommended:

❖ Behavioral Change and Misinformation Combat

Strategic Campaigns and Male Engagement:

- Public Awareness Campaigns: Launch comprehensive campaigns across multiple platforms, especially social media, to debunk myths and provide accurate, evidence-based information.
- Male Partner Engagement: Implement programs to actively engage male partners in family planning discussions to Address spousal opposition, Promote shared decision-making, and Highlight the benefits of modern contraception for both partners' health and well-being.
- Social Network Partnerships: Collaborate with trusted social networks (elders, peers, and influencers) to disseminate positive, accurate narratives.



Next Actions



This literature review is a good starting point but doesn't fully capture the lived experiences and beliefs of the target populations. To build on the insights from this desk review, the next phase of research should employ a qualitative approach.

- **In-depth Interviews (IDIs):** Based on the findings from the literature review, a cross check survey should employ interviews with a diverse range of participants, including both women in urban areas and rural areas
- **Focus Group Discussions (FGDs):** Since the existing data on specific, at-risk populations is limited, it also needs to explore the specific needs among the target population, including: Adolescents and Youth, Garment Factory Workers, Female Entertainment Workers, Indigenous women, Religious minorities (including Muslims), Ethnic minorities (including Vietnamese).
In addition to the six groups above, FGDs targeting men and boys will also be conducted to understand the differences in views on family planning and power dynamics between women and men.
- **Strategic Communication:** Leveraging the findings from the literature review, IDIs, and FGDs, targeted messaging and optimal communication channels to strategically deliver key messages will be designed.





THANK YOU