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Family Planning Dynamics In Zimbabwe

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INTRODUCTION

Almost 90 percent of all women in Zimbabwe lack health insurance(Zimbabwe, 268). Most are undereducated or underemployed, and only have access to maternal and contraceptive care via public clinics. Since 2008, the health climate in the country has declined socially, economically, and structurally; there are only 1.6 physicians for every 10,000 people in Zimbabwe as of 2010 (WHO,1). There is a large lack of family planning services in both rural and urban areas, which could lead to unintended pregnancies and induced terminations. Particularly, women who do not use modern forms of contraception, have fewer assets, less education, and live in rural areas are more susceptible to having unplanned pregnancies (Clements,2). In 2014, 52% of women in Zimbabwe with unplanned pregnancies did not usually use any form of birth control (McCoy,6). Instead of carrying out the unintended pregnancies, many of these women induce terminations at home or in unsafe facilities due to lack of access to proper services (Johnson,3). This gap could be bridged, which would fulfill the needs for contraception and consultation access, and decrease the prevalence of induced terminations within the population. I chose to analyze demographic and family planning related data in order to determine whether there was unmet need for these services within the country, what gaps existed in the current healthcare, and how best to address these gaps to provide better family planning services to women in need. To guide my analysis, I hypothesize that women who live in rural areas are more likely to have unmet need- Women with limited contraception are more likely to have induced terminations.

METHODS

I analyzed data collected by the Zimbabwe National Statistics Agency and compiled by the United States Demographic and Health Surveys Program (Zimbabwe Demographic and Health Survey 2015) which I obtained from the DHS website. This survey included 9,955 women aged 15-49 and measured numerous risk behaviors and demographics throughout the entire country. I used IBM SPSS Statistics 24 software to analyze the raw data provided. My analyses included bivariate and multivariate analyses of multiple variables to have a better idea of what characteristics are associated with unmet need (age, living arrangement, highest education attained, wealth quintile, fertility preference, terminated pregnancy, knowledge and use of contraception, source of family planning services, use of family planning facilities, unmet need). Variables were recoded, and entered into bivariate logistic regression; the first regression sets with unmet need as the dependent variable and the second with termination of pregnancy as the dependent variable. Significant data was determined by p values <0.05 with CI of 95% or higher. Relationships among variables were examined using odds ratios produced within the regression.

RESULTS

Table 1. Demographics

Demographic	Ν	% or Average	Demographic	Ν	%
Urban	4521	45.41%	Poorest	1499	15
Rural	5434	54.59%	Poorer	1452	14
Terminated Pregnancy	1148	11.53%	Middle	1549	15
Used Birth Control	6824	68.55%	Richer	2558	25
No Education	106	1.06%	Richest	2897	29
Primary Education	2385	23.96%	Age 15-19	2156	21
Secondary Education	6637	66.67%	Age 20-24	1782	17
Higher Education	827	8.31%	Age 25-29	1656	16
Used Public Services	5382	54.06%	Age 30-34	1591	15
Unwanted Pregnancy	3475	34.91%	Age 35-39	1209	12
Has Unmet Need	786	7.90%	Age 40-44	966	9.7
Visited Facility in Last Year	5382	54.06%	Age 45-49	595	5.9

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Table 2 Diveriate Analyses

or Average

Variable Age 15-19										
Age 15-19	D Value	DV= Unme	et Need	Linnar	D	V= Terminated	Pregnanc	y	Bivariate Analysis	
	P value 0.0	02 0.482	2 0.303	0.768	8 0.000	0.105	Lower 0.076	0.146	Predicting Unmet Need:	
Age 20-24	0.0	00 0.208	8 0.132	0.32	7 0.000	0.325	0.250	0.424	Age 15-19 52% less	
Age 25-29	0.0	00 0.204	4 0.129	0.32	1 0.000	0.527	0.411	0.675	likely to have unmet	
Age 35-39	0.0	00 0.200 0	8 0.132 9 0.18	0.328	$ \begin{array}{ccc} 8 & 0.000 \\ 2 & 0.36 \end{array} $	0.629	0.492	0.803	aged 45-49	omen who
Age 40-44	0.	01 0.51	6 0.312	0.853	3 0.514	0.918	0.711	1.186	Those who visited a	otion are m
Age 45-49	-		1 -	-	-	1.		-	health facility in the	o find resul
Visited Facility Last Year	0.0	0.84	7 0.747	0.90	6 0.000	1.774	1.559	2.018	last year were 16%	ation, most
Vant Child wi 2 Years	- 0.0	00 0 00	9 0.001	- 0.068	- 8 0.000	1 · 5 673	3 479	- 9 252	less likely to have	o tha hivar
Vant Child After 2 Years	0.0	13 0.082	2 0.011	0.589	9 0.002	2.131	1.311	3.464	unmet need	n the bivar
nsure When Want Child	0.5	17 0.499	9 0.061	4.089	9 0.006	2.352	1.285	4.304	• Women taking hon calendar bound birth	n
ndecided	0.0	07 0.064	4 0.009	0.469	9 0.000	4.941	3.059	7.980	control were 84 %	n a calendar
o More Children	0.0	- NA	1 0.22 A -	1.13.	2 0.000	4.339	2.246	9.814	MORE likely to have • Those living	in urban a
nfecund	_		1-	-	-	1.575		-	unmet need than • The richest v	vomen
Vant Another Child	0.0	0.23	0.193	0.27	6 0.000	0.577	0.508	6.550	women not taking any • Those who c	lid not hav
ndecided	0.0	00 0.40	5 0.276	0.593	3 0.000	0.476	0.322	0.703	birth control This discrepancy	could exis
terilized	0.0	- NA	4 - 1 0.884	- 45 779	0.705	0.878	0.448	1.722	Women in rural areas Were 29% less likely to Older women	n have mo
o Not Want More	-		1-	-	-	1-		-	have unmet need than • A response b	bias existe
se Calendar Birth Contro	ol 0.0	57 0.78	1 0.606	1.00	7 0.000	3.902	2.974	5.121	women in urban areas • Women did i	not realize
se Non Calendar	0.0	00 1.84	6 1.621	2.103	3 0.000	2.455	2.084	2.891	Poorest women are Calendar bo	und birth c
oes Not Use BC	-	18 0.04'	1 - 7 0 004	- 0.589	- D 1	1		-	32% less likely to have control were	not as rea
now Modern BC	0.0	45 0.73	8 0.339	1.603	3 -	NA	0.000	-	unmet need than the	
o Not Know Of BC	-		1-	-	-	1-		_	 Induced terminat 	tions were
anted Child In Past	0.9	97 0.000	0 0	(0.273	0.684	0.346	1.350	vvomen with induced terminations were 56%	
ant Child Later		1	1 0	(0.001	0.232	0.099	0.543	less likely to have	h facilities
id Not Want Child	- 0.0	0 0 679	1- 9 0556	- 0.829	- 0.003	I - 1 338	1 105	- 1 619	unmet need • Take birth co	ontrol
Dorer	0.0	00 0.589	9 0.484	0.82	5 0.003	1.338	1.604	1.570	These discrepan	cies could
liddle	0.0	0.71	8 0.588	0.87	7 0.206	1.135	0.933	1.382	Predicting Terminations: • Younger wor	nen being
icher	0.0	0.750	0 0.628	0.894	4 0.401	1.077	0.906	1.279	pregnancies	,
ichest	-		1-	-	-	1.174	0.621	- 0.194	Age 15-19 were 90% Women visit	ing facilitie
imary Education	0.5	29 1.270)3 0.670	0 0.598	2.72	0.613 0.002	1.174 1.478	0.631	2.184 1.894	 Iess likely to have Women taking 	ng birth cor
econdary Education	0.2	01 0.852	2 0.666	1.089	9 0.828	0.974	0.771	1.232	terminations than women 45-49	
igher Education	-		1 -	-	-	1.		-	 Those who visited a Those who visited a 	g all of the
ural	0.0	0.71	1 0.626	0.80′	7 0.008	1.185	1.046	1.342	health facility in the	s were
rban	-	$0 \qquad 0 \qquad 44'$	1- 2 0.377	- 0.570	- 0	1-		-	 Being knowle Being knowle 	edgeable a
Terminated Pregnancy	-	0.44	2 0.377 1-	- 0.57	- -	1-		-	more likely	drop lotor a
nmet Need	-	_	-	-	0.000	0.442	0.377	0.519	Women who did not Wanting child terminations	uren later a
let Need	-		1-	-	-	1.		-	want any more	
Table 3. Mult	ivaria	te Analy	ses						Women using non calendar birth control defined a based on the me factor for unmet terminations in the me	need, and ne arand s
		DV= Unmet	Need		D	V= Terminated	Pregnancy	у	were two times more	ie grana e
ariable	P Value	Odds Ratio	Lower U	Jpper	P Value C	Odds Ratio	Lower Up	pper	likely to have • The outcome of	the regress
ge 13-19 $re 20-24$. INA			-					ny multiva
ge 25-29		- ΝΔ			_	NA			(such as age in r	ny mutuva
0		· NA · NA	 		-	NA NA NA			women taking calendar based birth	ne data set
ge 30-34		· NA · NA · NA	 		- - -	NA NA NA			women taking calendar based birth control were four times	ne data set ese errors o
ge 30-34 ge 35-39		· NA · NA · NA · NA	 		- - -	NA NA NA NA			women taking calendar based birth control were four times more likely	e data set se errors o ollected an
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ge 30-34 ge 35-39 ge 40-44 ge 45-49 sited Facility Last Year d Not Visit Facility	- 0.822	 NA NA NA NA NA 1 0.890 1 	-	2.461	- - - - - 0.058	NA NA NA NA NA 1 0.627 1	0.387	1.017	 women taking calendar based birth control were four times more likely The poorest women were 33% more likely to have terminations Women in rural areas were 19% more likely 	f my study e frame and dr
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			-						
		DV= Unme	et Need		Ι	OV= Terminated	Pregnanc	ÿ	Rivariate Analysis
Variable	P Value	Odds Ratio 0.48°	Lower	Upper	P Value 0.000	Odds Ratio I	Lower	Upper 0 146	Predicting Unmet Need:
Age 20-24	0.0	00 0.20	2 0.303 8 0.132	2 0.32	7 0.000) 0.325	0.070	0.140	• Age 15-19 52% less
Age 25-29	0.0	0.204	4 0.129	0.321	1 0.000) 0.527	0.411	0.675	likely to have unmet
Age 30-34	0.0	00 0.20	8 0.132	0.328	3 0.000) 0.629	0.492	0.803	need than women • I hypothesized women who
Age 35-39 Age 40-44	0.0	00 0.289	9 0.18 6 0.312	0.462	2 0.36	0.891 0.918	0.697	1.14	aged 45-49 <i>limited contraception are m</i>
Age 45-49	-	0.51	0 0.312 1-	- 0.055	- 0.31-	1.	- 0.711	-	 Those who visited a health facility, in the I had expected to find result
Visited Facility Last Year	0.0	0.84	7 0.747	' 0.9 (5 0.000) 1.774	1.559	2.018	last year were 16% within this population, most
Did Not Visit Facility	-		1-	-	-	1-		-	less likely to have
Want Child w.i. 2 Years	0.0	0.009	9 0.001 2 0.011	0.068	3 0.000) 5.673	3.479	9.252	unmet need • I actually found in the bivar
Unsure When Want Child	0.0	13 0.08	2 0.011 9 0.061	4.089	9 0.002	2.131 5 2.352	1.311	3.404 4.304	Women taking non common among
Undecided	0.0	07 0.064	4 0.009	0.469	€ 0.000) 4.941	3.059	7.980	calendar bound birth • Older women
No More Children	0.0	66 0.15	7 0.22	1.132	2 0.000) 4.339	1.918	9.814	• Women using calendar
Sterile		- NA	4 - 1	-	0.000) 4.373	2.246	8.515	• Those living in urban a
Infecund Want Another Child	- 0.0	0 0 23	1- 1 0193	- 3 0.276	- 6 0.00(1-) 0577	0 508	- 6 550	women not taking any
Undecided	0.0	00 0.40	5 0.276	5 0.593	3 0.000) 0.476	0.300	0.703	birth control
Sterilized		- NA	A -		0.705	<i>.</i> 0.878	0.448	1.722	Women in rural areas Women in rural areas Older women bays may
Infecund	0.0	66 6.36	1 0.884	45.778	3 0.619) 0.885	0.547	1.432	were 29% less likely to
Do Not Want More Use Calendar Birth Control	-	57 0.78	1- 1 0.606	- 5 1.00'	- 7 0.000	l- 3 902	2 974	- 5 121	have unmet need than • A response bias existed
Use Non Calendar	0.0	0.78	6 1.621	2.10	3 0.000) 2.455	2.974	2.891	Women in urban areas Women in urban areas Calendar bound birth c
Does Not Use BC	-		1 -	-	-	1-		-	32% less likely to have control were not as rea
Know Traditional BC	0.0	18 0.04	7 0.004	0.589) 1	. 1	0.000	-	unmet need than the
Know Modern BC	0.4	45 0.73	8 0.339	1.603	3	· NA		-	richest Induced terminations were
Wanted Child In Past	- 0.9	97 0.00	0 0) (0.027	1- 3 0.684	0.346	1.350	Women with induced Were older
Want Child Later	0.9	1	1 0) (0.00	0.232	0.099	0.543	terminations were 56% • Visited health facilities
Did Not Want Child	-		1 -	-	-	1-		-	less likely to have • Take birth control
Poorest	0.0	00 0.67	9 0.556	0.829) 0.003	1.338	1.105	1.619	unmet need • These discrepancies could
Poorer Middle	0.0	0.589	9 0.484 8 0.589	0.716	0.01 7 0.20	1.292	1.604	1.570	Predicting Terminations: • Younger women being
Richer	0.0	0.71 0.75	0 0.628	0.877	4 0.40	1.135	0.933	1.382	pregnancies
Richest	-	0.75	1-	-	-	1-		-	 Age 15-19 were 90% Women visiting facilities
No Education	0.5	29 1.27	6 0.598	, 2.721	1 0.613	3 1.174	0.631	2.184	less likely to have • Women taking birth cor
Primary Education	0.0	0.67	0 0.516	0.869) 0.002	1.478	1.154	1.894	terminations than
Secondary Education	0.2	0.852	2 0.666 1-	1.089) 0.828	, 0.974 1.	0.771	1.232	women 45-49 • When combining all of the
Rural	- 0.0	00 0.71	1 0.626	- 5 0.80 ⁻	- 7 0.00{	3 1.185	1.046	- 1.342	Those who visited a significant factors were
Urban	-		1-	-	-	1-	-	-	health facility in the • Being knowledgeable a
Terminated Pregnancy	0.0	00 0.442	2 0.377	0.579)-			-	unmet need
No Terminated Pregnancy	-		1-	-	-	1-		-	Women who did not Women who did not Wanting children later a
Unmet Need	-	-	- 1_	-	0.000) 0.442	0.377	0.519	want any more terminations
Wet Neeu	-		1-	-	-	1-	-	-	children were four
									times more likely • Based on the multivariate a
Table 3. Multi	ivaria	te Analy	ses						Women using non factor for unmet need, and
		, in a second							calendar birth control terminations in the grand so
Variabla	D Voluo	DV= Unmet	Need	Innor	E D Valua	V = Terminated	Pregnancy	y	were two times more
Variable	r value		Lower C	opper i	- value	Juus Kallo J	Lower Of	pper	 The outcome of the regress
Age 20-24		NA			_	NA			women taking (such as age in my multival
Age 25-29		NA			_	NA			calendar based birth reasonable for the data set
Age 30-34		NA			-	NA			control were four times values at all. These errors of
Age 35-39		NA			-	NA			more likely DHS data was collected an
Age 40-44		NA			-	NA			The poorest women
Age 45-49	-	1		-	-	1.			were 33% more likely • The limitations of my study
Visited Facility Last Year	0.822	0.890	0.322	2.461	0.058	0.627	0.387	1.017	to have terminations based on my time frame an
Did Not Visit Facility	-	1							• Women in fullal aleas and dr
Want Child w.i. 2 Years	0.514	3.378	0.087			1			were 19% more likely
Want Child After 2 Years	0.960			130.468	0.851	1 1.257	0.115	13.714	were 19% more likely to have terminations
		1.090	0.038	130.468 31.481	0.851 0.839	1 1.257 1.25	0.115 0.144	13.714 10.822	were 19% more likely to have terminations • In the future, the impact of
Unsure When Want Child		1.090	0.038	130.468 31.481	0.851 0.839	1 1.257 1.25	0.115 0.144	13.714 10.822	 Multivariate Analysis: Multivariate Analysis:
Independent	0.22	0.221	0.038	130.468 31.481	0.851 0.839	1 1.257 1.25	0.115	13.714 10.822	 Multivariate Analysis: Predicting Unmet Need: Analysis: Multivariate Analysis:
Undecided No More Children	0.224	0.221	0.038	130.468 31.481 2.523	0.851 0.839 1	1 1.257 1.25 1	0.115 0.144 0.387	13.714 10.822 2.581	 Multivariate Analysis: Predicting Unmet Need: Women who know Analysis: Predicting Unmet Need: Women who know
Undecided No More Children Sterile	0.224	0.221	0.038	130.468 31.481 2.523	0.851 0.839 1	1 1.257 1.25 1	0.115 0.144 0.387	13.714 10.822 2.581	 Multivariate Analysis: Predicting Unmet Need: Women who know modern birth control methods were almost
Undecided No More Children Sterile Infecund	0.224	0.221 1.090 0.221	0.038	130.468 31.481 2.523	0.851 0.839 1	1 1.257 1.25 1 1	0.115 0.144 0.387	13.714 10.822 2.581	 Multivariate Analysis: Multivariate Analysis: Predicting Unmet Need: Women who know modern birth control methods were almost 99% less likely to have
Undecided No More Children Sterile Infecund Want Another Child Undecided	0.224 - 0.593	0.221 0.221 1 0.383	0.038 0.019 - 0.011	130.468 31.481 2.523 13.017	0.851 0.839 1 0.844	1 1.257 1.25 1 1 1 1.249	0.115 0.144 0.387 0.136	13.714 10.822 2.581 11.448	 Multivariate Analysis: Predicting Unmet Need: Women who know modern birth control methods were almost 99% less likely to have unmet need than those In the future, the impact of studied, and data should be detailed recommendation a Based on this study, the be birth control methods. This as well as needing induced
Undecided No More Children Sterile Infecund Want Another Child Undecided Sterilized	0.224	0 1.090 0.221 1 0.383	0.038	130.468 31.481 2.523 13.017	0.851 0.839 1 - 0.844	1 1.257 1.25 1 1 1 1.249	0.115 0.144 0.387 0.136	13.714 10.822 2.581 11.448	 Multivariate Analysis: Multivariate Analysis: Predicting Unmet Need: Women who know modern birth control methods were almost 99% less likely to have unmet need than those who did not know any In the future, the impact of studied, and data should be detailed recommendation a Based on this study, the be birth control methods. This as well as needing induced
Undecided No More Children Sterile Infecund Want Another Child Undecided Sterilized Infecund	0.224	0.221 1 0.383	0.038	130.468 31.481 2.523 13.017	0.851 0.839 1 - 0.844	1 1.257 1.25 1 1 1 1.249	0.115 0.144 0.387 0.136	13.714 10.822 2.581 11.448	 Multivariate Analysis: Predicting Unmet Need: Women who know modern birth control methods were almost 99% less likely to have unmet need than those who did not know any birth control methods In the future, the impact of studied, and data should be detailed recommendation a Based on this study, the be birth control methods. This as well as needing induced
Undecided No More Children Sterile Infecund Want Another Child Undecided Sterilized Infecund Do Not Want More	0.224	0 1.090 0.221 1 0.383 1	0.038 0.019 0.011	130.468 31.481 2.523 13.017	0.851 0.839 1 - 0.844	1 1.257 1.25 1 1 1.249	0.115 0.144 0.387 0.136	13.714 10.822 2.581 11.448	 Multivariate Analysis: Predicting Unmet Need: Women who know modern birth control methods were almost 99% less likely to have unmet need than those who did not know any birth control methods In the future, the impact of studied, and data should be detailed recommendation a Based on this study, the be birth control methods. This as well as needing induced
Undecided No More Children Sterile Infecund Want Another Child Undecided Sterilized Infecund Do Not Want More Use Calendar Birth Control	0.224 - 0.593 - 0.397	1.090 0.221 1 0.383 1 1.755	0.038 0.019 - 0.011 - 0.011	130.468 31.481 2.523 13.017 6.452	0.851 0.839 1 - 0.844 - 0.844	1 1.257 1.25 1 1 1.249 1.249	0.115 0.144 0.387 0.136	13.714 10.822 2.581 11.448 3.435	 Multivariate Analysis: Predicting Unmet Need: Women who know modern birth control methods were almost 99% less likely to have unmet need than those who did not know any birth control methods Predicting Terminations: In the future, the impact of studied, and data should be detailed recommendation a Based on this study, the be birth control methods. This as well as needing induced
Undecided No More Children Sterile Infecund Want Another Child Undecided Sterilized Infecund Do Not Want More Use Calendar Birth Control Use Non Calendar	0.224 - 0.593 - 0.397 0.784	0.221 1.090 0.221 1 0.383 1 1.755 1.388	0.038 0.019 - 0.011 - 0.011 - 0.477 0.133	130.468 31.481 2.523 13.017 6.452 14.546	0.851 0.839 1 0.844 - 0.844	1 1.257 1.25 1 1 1 1.249 1.249	0.115 0.144 0.387 0.136 0.136	13.714 10.822 2.581 11.448 3.435 4804	 Multivariate Analysis: Multivariate Analysis: Predicting Unmet Need: Women who know modern birth control methods were almost 99% less likely to have unmet need than those who did not know any birth control methods Predicting Terminations: More wealth and In the future, the impact of studied, and data should be detailed recommendation a Based on this study, the be birth control methods. This as well as needing induced
Undecided No More Children Sterile Infecund Want Another Child Undecided Sterilized Infecund Do Not Want More Use Calendar Birth Control Use Non Calendar Does Not Use BC	0.224 - 0.593 - 0.397 0.784 -	0.221 1.090 0.221 1 0.383 1 1.755 1.388 1 0.000	0.038 0.019 0.011 0.011 0.477 0.133 - 0.000	130.468 31.481 2.523 13.017 6.452 14.546	0.851 0.839 1 0.844 0.844	1 1.257 1.25 1 1 1 1 1 1 1 2 49	- 0.115 0.144 0.387 0.387 - 0.136 0.136 0.939 0.415 	13.714 10.822 2.581 11.448 3.435 4804	 Multivariate Analysis: Predicting Unmet Need: Women who know modern birth control methods were almost 99% less likely to have unmet need than those who did not know any birth control methods Predicting Terminations: More wealth and wanting more children warts the oply
Undecided No More Children Sterile Infecund Want Another Child Undecided Sterilized Infecund Do Not Want More Use Calendar Birth Control Use Non Calendar Does Not Use BC Know Traditional BC Know Modern BC	0.224 - 0.593 - 0.397 0.784 	0.221 0.221 1 0.383 1 1.755 1.388 1 0.000 0.016	0.038 0.019 - 0.011 - 0.011 - 0.477 0.133 - 0.000 - 0.000	130.468 31.481 2.523 13.017 6.452 14.546 0.831	0.851 0.839 1 0.844 - 0.844 - 0.077 0.580 - 1 0.999	1 1.257 1.25 1 1 1 1 1 1 1 2 49 1 1 2 49 1 1 1 2 49 1 1 1 1 2 49 1 1 2 49 1 1 2 49 1 1 2 49 1 1 2 49	- 0.115 0.144 0.387 0.387 0.136 0.136 0.939 0.415 - 0.000 - 0.000	13.714 10.822 2.581 11.448 3.435 4804	 Multivariate Analysis: Predicting Unmet Need: Women who know modern birth control methods were almost 99% less likely to have unmet need than those who did not know any birth control methods Predicting Terminations: More wealth and wanting more children were the only significant indicators In the future, the impact of studied, and data should be detailed recommendation a Based on this study, the be birth control methods. This as well as needing induced
Undecided No More Children Sterile Infecund Want Another Child Undecided Sterilized Infecund Do Not Want More Use Calendar Birth Control Use Non Calendar Does Not Use BC Know Traditional BC Know Modern BC	0.224 - 0.593 - 0.397 0.784 	0.221 1.090 0.221 1 0.383 1 1.755 1.388 1 0.000 0.016 1	0.038 0.019 - 0.011 - 0.011 - 0.477 0.133 - 0.000 - 0.000 	130.468 31.481 2.523 13.017 6.452 14.546 0.831	0.851 0.839 1 - 0.844 - 0.844 - 0.077 0.580 - 1 0.999	1 1.257 1.25 1 1 1 1 1 1 1 2 49 1 1 1 2 49 1 1 1 2 49 1 1 1 2 49 1 1 1 2 49 1 1 1 2 49 1 1 2 49 1 1 2 49 1 1 2 49 1 1 2 51 1 1 2 51 1 1 2 51 1 1 2 51 1 1 2 51 1 1 2 51 1 1 2 51 1 1 2 51 1 1 2 51 1 1 2 51 1 1 2 51 1 1 2 51 1 1 2 51 1 1 2 51 1 1 1	- 0.115 0.144 0.387 0.387 0.136 0.136 - 0.136 	13.714 10.822 2.581 11.448 3.435 4804	 Multivariate Analysis: Predicting Unmet Need: Women who know modern birth control methods were almost 99% less likely to have unmet need than those who did not know any birth control methods Predicting Terminations: More wealth and wanting more children were the only significant indicators. Women who want In the future, the impact of studied, and data should be detailed recommendation a Based on this study, the be birth control methods. This as well as needing induced
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DISCUSSION

in rural areas are more likely to have unmet need- Women with likely to have induced terminations.

that clearly indicated that there was a large response for unmet need it within the poorest populations who did not use contraception.

analysis that unmet need for healthcare services was more

ound birth control (rather than those using none at all)

nduced terminations

or atypical needs that clinics do not have the resources to help

ey had more health needs than they thought trol methods were not being followed correctly, or those types of birth available

ore likely in women who

the last year

e due to ore willing to take care of children, thus not terminating unwanted

ecause they had unwanted pregnancies ol after they already experienced a termination

edictor variables, the multivariate analysis indicated that the only

out birth control methods, which made women less likely to have

I being less wealthy, which made women less likely to have induced

lysis it can be stated that place of residence is not a determining aving less access to contraception did not determine induced me.

ns were not as they were planned to be. I had multiple variables te regression) produce unexpected numbers that did not seem had other values (such as that of planned fertility) that produced no Ild be due to an error in the way the regression was run, or how the organized.

ere that I was unable to do further, more complex statistical analyses skill level that would allow me to see more detailed relationships more concrete conclusions.

types of services offered in public and private offices should be ollected as to what is offered to patients in order to make a more determine what other gaps exist in public health care in rural areas.

way to serve these populations is to simply educate women about ould reduce the risk of women having unmet family planning needs, rminations in the future.

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