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The Hidden Crisis: A Cross-Sectional Study Exploring the Effect of Lebanese Economic Crisis on Contraceptive Measures

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1. Abstract

Background: Sexual and Reproductive health (SRH) promotion has been identified by the World Health Organization as one of the main working areas for healthier lives globally. SRH cannot be achieved without maintaining certain sexual rights including the right for family planning, highest attainable standards of healthcare and social security, and the right to be informed and educated about one's sexual health. Access to contraceptive methods and education on this regard are key factors for promoting individuals' autonomy and welfare as well as the welfare of the community and for demoting unwanted pregnancy and maternal and child mortality. Lebanon has been debilitated by a compound of devastating financial and economic crisis that affected all aspects of life including health care and hence access to contraceptive methods.

Aim: Here, we aim to study the effects of the economic and financial crisis on contraceptive method trends in Lebanon, and the aftermaths they impart on the community.

Methods: A cross-sectional study will be carried out in which a self-made questionnaire will be distributed among Lebanese governorates in a convenient sampling pattern. 400 surveys will be collected from a population of Lebanese males (ages over 18) and females (ages 18-49) living in Lebanon.

Results: The study of 397 participants, mostly women aged 25-34, found that Lebanon's economic crisis significantly affected contraceptive use and access. Many respondents reported limited availability, higher costs, and changes in sexual behavior and family planning. Awareness and education levels were moderate, with most relying on over-the-counter contraceptives. The crisis led to a shift toward cheaper methods and reduced overall contraceptive use.

Conclusion: The study highlights how Lebanon's economic crisis has significantly affected contraceptive use and reproductive health, especially among older and divorced individuals. It emphasizes the need for targeted policies, improved access to affordable contraception, and better education to support vulnerable groups and ensure comprehensive reproductive healthcare during economic hardship

2. Keywords

SRH, Sexual rights, Family planning, Contraceptives, Economic crisis, Financial burdens, Lebanon

3. Introduction

In 2019, Lebanon has faced one of the most critical economic crises in contemporary history, with the Lebanese pound losing over about 90% of its value since this year, leading to

widespread deprivation, unemployment, and fall in public services. This infrastructural breakdown had far-reaching consequences on various aspects of everyday life, especially in the healthcare sector. Among the most affected areas is accessibility to reproductive health services, including the availability and affordability of contraceptive measures.

The crisis has disrupted supply chains, inflated the prices of medical supplies, and overwhelmed healthcare institutions, making essential contraceptives scarce or unaffordable for large segments of the population. These challenges have not only increased the risk of unwanted pregnancies but have also placed additional burdens on women and families previously struggling to meet basic needs. In addition, social stigma, lack of information, and reduced support from nonprofit organizations and public health enterprisers have further limited access to family planning resources.

Maintaining access to contraceptives and education on the available choices is a basic sexual right that must be provided for individuals to ensure their sexual and reproductive autonomy and welfare. Moreover, with the aid of contraceptives, a woman can take charge of her reproductive health and actively participate in family planning [1]. Contraceptives can be obtained from consultations in private physician clinics, while others can be found being subsidized by the government and NGOs and distributed for free to the public; these systems made contraception and family planning accessible to anyone belonging to any socioeconomic class.

On the 17th of October 2019, political unrest rose in Lebanon and riots appeared all along the Lebanese territory. Not long after, COVID19 hit and brought all its challenges with it, from quarantine and travel restrictions to shortage of merchandise and medical supplies. In addition, an unprecedented economic crisis took place which led to an extreme downfall in living conditions for the Lebanese population.

Lebanon's annual inflation rate reached 168.45% in July 2022 compared to only 2.9% in 2019 [2,3]. As a consequence, the consumer prices jumped and the Lebanese pound lost at least 93% of its value by February 2022 [4]. In Indonesia for example, between 1998 and 2000, the Indonesian population suffered from an economic crisis and a study was conducted to measure its effect on contraceptives use. Results showed that even with a steeper price and scarcity, there were no changes in preferences or overall use of contraceptive measures [5]. However it should be mentioned that the Indonesian family planning program is known as one of the pioneers in family planning and reproductive health programs in the developing world [6]. In addition, according to a study conducted about unintended pregnancies worldwide [7], traditional and modern contraceptives use has increased globally but more so in the developed world than the developing. Nonetheless, unintended pregnancy rates remain high especially in the developing world due to many causes including poverty, discontinuation due to lack of supplies, and poor understanding of the risk of pregnancy. Furthermore, according to Riley, et al.'s study that was following a mathematical model and conducted in developing countries in Asia, if COVID19 restrictions led to only 10% of safe abortions to become unsafe, an additional 3.3 million unsafe abortions are expected to take place, resulting in 1000

maternal fatalities [8]. Commerce limitations, that were imposed by the COVID19 pandemic, resulted in further inflation of prices and shortages of not only contraceptives but also many other pharmaceutical products and medical equipment. This calamity has increased the strain on an already overburdened healthcare system. As a result, appropriate sexual and reproductive healthcare measures faltered instead of other medical needs.

Extreme changes in life circumstances during these crises led the Lebanese population to slowly but surely have altered understanding of essentials and less disposable income. In most cases this has led the population to experience changes in their day-to-day essentials. This change certainly affected medical needs including sexual and reproductive health. This study might reveal a shift in the trends of contraceptives use, due to the various economic and financial crisis, and its consequences on the Lebanese community.

4. Methodology

A cross-sectional study aim to examine the relationship between the Lebanese economic crisis and changes in contraceptive use. A structured questionnaire was developed and administered to a sample of 400 women and men aged 18-49 and above 18 respectively across Beirut, Tripoli, the Bekaa, region Saida, and South Lebanon (Jnoub).

Participants were selected using multistage cluster sampling to ensure geographic and socioeconomic diversion. The survey included questions on contraceptive use patterns, cost-related changes, and sources of contraception before and during the crisis.

4.1. Eligible participants

Competent consenting Lebanese males aged 18 and above and females ages 18-49 living in Lebanon.

Those who are ineligible are minors, non-Lebanese, women who have undergone hysterectomy with/without bilateral oophorectomy and individuals who can't give a consent due to a disability.

4.2. Study setting and population

The research was conducted in five major regions of Lebanon: Beirut, Tripoli, the Bekaa Valley, Saida, and South Lebanon (Jnoub). The target population consisted of Lebanese women aged 18-49 and males above 18 who had experience with or sought contraceptive services during the period of the economic crisis (2019-2025). In addition, healthcare providers and pharmacists involved in family planning services were included in the qualitative component to offer professional perspectives.

4.3. Sampling and recruitment

Based on 4,500,000 Lebanese citizens, for a confidence interval of 95% and confidence level of 5%, at least 384 participants should be included in the study.

A sample of 400 women and men were recruited using stratified random sampling, with strata based on geographic region and socioeconomic status. Recruitment was conducted through primary healthcare centers, NGOs, and community-based outreach programs.

4.4. Questionnaire development

A standard questionnaire form was developed by the research

team to tackle the targeted study objectives. The questionnaire consisted of 7 main sections with closed and open ended questions. The questionnaire had an english and arabic version and was done using google form. The first section was designed to gather sociodemographic information of the study subject the second section collected Sexual related data. The third section addressed the Contraceptive usage and methods. The fourth section documented the impact of Economic crisis on the contraceptive measures. The fifth section assessed the impact of Economic crisis and decision on family planning. The sixth section empathizing the Reproductive health services prior to the crisis. The seventh section addressed the education about contraception. The eighth and ninth sections addressed the adverse effects of economic crisis on contraceptive measures, and ways to improve access to contraceptive measures respectively.

4.5. Data collection

Patients are allocated proportionately between the five provinces and selected by randomized convenience tools. A survey is filled through google forms.

Quantitative data were collected using a structured questionnaire developed in Arabic and English forms and pre-tested for clarity and cultural sensitivity. The survey was administered between September 2024 and April 2025 online. The questionnaire included items on demographic background, type and frequency of contraceptive use, cost-related barriers, and sources of contraceptive information.

4.6. Data Analysis

Quantitative data were analyzed using SPSS (version 26). Descriptive statistics were used to summarize demographic and behavioral variables. Bivariate analyses (chi-square tests) and logistic regression models were employed to examine the relationship between economic hardship indicators (e.g., income loss, job status) and changes in contraceptive behavior.

4.7. Ethical Considerations

Ethical approval was obtained from the Beirut Arab University Institutional Review Board (IRB). Written informed consent was secured from all participants prior to data collection. All responses were anonymized, and confidentiality was strictly maintained throughout the study.

5. Results

5.1. Demographic profile

The study involved 397 respondents, predominantly female (n = 270, 68%) and aged between 25-34 years (48.4%). The majority resided in north Lebanon (51.6 %) and Beirut (24.7%). Regarding marital status, 60.2% were married and 36.0% were single. Educational attainment was varied: 40% high school diploma, 17.4% held a doctorate/professional degree, 26.5% had a high school diploma, and 19.6% had completed a bachelor's degree. The employment profile revealed that 66% were employed full-time, while 12.3% were unemployed or retired. A significant portion (25.9%) reported a monthly income of less than \$500.

5.2. Sexual and reproductive health behavior

Out of all respondents, 49.1% had never been sexually active, and 67.0% did not have children. Among those with children, most had 1-2 children. Regarding contraceptive awareness, 46.3 % were aware of available methods in Lebanon.

5.3. Contraceptive use and method preferences

A total of 43.3% had used contraception, with the most common methods being: Oral contraceptives (36.6%), condoms (70.9%), intrauterine devices (26.7%), and emergency contraception (14.5%).

Among contraceptive users, 34.3% had been using them for less than a year, and 26.2% for 1-5 years. Methods were accessed primarily over the counter (71.3%) and via healthcare providers (17.5%).

5.4. Economic crisis impact on contraceptive use

Access Disruption: 30.8% experienced changes in access due to the economic crisis. Of these, 83% reported increased costs, 39.6% faced reduced availability, 28.3% cited limited choice, and 58.5% stated these challenges changed their usage pattern.

Method Switching and Sexual Behavior, 32% reduced sexual activity, 14% stopped using contraception altogether, and 5.8% switched methods.

Psychosocial Impacts, 16.7% reported changes in sexual satisfaction due to access difficulties, and 21.5% experienced emotional or mood changes linked to contraceptive access issues.

5.5. Family planning decisions

The economic crisis influenced family planning decisions for 28.5% of respondents. Of these, 57.5% opted for fewer children, 48.7% delayed childbearing, 8.0% decided to forgo having children altogether.

5.6. Reproductive Health Services and Education

Service Use: 85.4% did not access reproductive health services prior to the crisis.

Among users during the crisis, 54.5% noted limited access, 27.3% cited reduced availability, and 27.3% experienced extended waiting times.

Education: 60.5% had received sexual and reproductive health education. Education sources included healthcare providers (60.5%), internet (38.8%), and schools (33.3%).

Regarding knowledge & attitudes, 31.5% strongly agreed and 26.4% agreed that they had enough information to make informed contraceptive choices.

5.7. Trends attributed to economic crisis

A substantial 83.6% believed the economic crisis affected contraceptive trends. Among them, 62.3% cited increased use of less expensive methods, 32.8% noted reduced use of more expensive options (e.g., implants), and 44.3% reported overall decreased contraceptive use.

		Do you think the economic crisis has had adverse effects on sexual and reproductive health in the community?		P.value
		No	Yes	
Age	18-24	7	53	0.062

	years	11.70%	88.30%
	25-34 years	21	171
		10.90%	89.10%
	35-44 years	19	85
		18.30%	81.70%
	45-49 years	7	20
		25.90%	74.10%
	50 years or older	0	14
		0.00%	100.00%

		Based on your experiences and observations, do you believe that the economic crisis has affected the trends of contraceptive method use in Lebanon?		<i>P.value</i>
		No	Yes	
Age	18-24 years	2	58	0.017
		3.30%	96.70%	
	25-34 years	31	161	
		16.10%	83.90%	
	35-44 years	25	79	
		24.00%	76.00%	
	45-49 years	5	22	
		18.50%	81.50%	
	50 years or older	2	12	
		14.30%	85.70%	

6. Discussion

The findings indicate that Lebanon's ongoing economic crisis has significantly impacted women's reproductive health behaviors, particularly regarding access to and use of contraceptives. A considerable proportion of respondents especially those aged 18-24 reported changes in contraceptive practices during the crisis. This aligns with documented disruptions in the availability and affordability of reproductive health supplies across Lebanon. Although the perceived deterioration in sexual health during the crisis did not vary significantly by age ($p = 0.0618$), the trend approaches statistical significance and may warrant further investigation. The more definitive association between age and changes in contraceptive use ($p = 0.0169$) suggests that younger women-perhaps due to greater economic vulnerability or a reliance on specific contraceptive methods such as oral contraceptive pills-are more adversely affected. These findings are consistent with existing literature that highlights an increasing reliance on traditional contraceptive methods, a rise in unplanned pregnancies, and health complications resulting from shortages in hormonal contraceptives. The results underscore the urgent need to strengthen Lebanon's reproductive health infrastructure through targeted subsidies, domestic production of contraceptives, and the implementation of robust public health policies aimed at mitigating the effects of economic crises on women's health. Survey data reveal a relatively high level of contraceptive awareness, with 72.8% of respondents

indicating they "agree" or "strongly agree" that they possess adequate information. However, the remaining 27.2% of individuals who are neutral or unsure underscores a persistent knowledge gap-one that may be exacerbated by ongoing economic hardship. When examining sources of contraceptive information, healthcare providers (46.2%), websites (39.6%), and social media (38.3%) were cited most frequently. Traditional sources-such as schools, print media, and family planning clinics-were reported less often. This shift suggests an increasing reliance on digital and informal platforms, possibly due to reduced accessibility and funding for institutional and educational sources during periods of economic instability.

Economic crises often trigger budget reductions in public health sectors, limiting access to in-person consultations and educational programs. As a result, the burden of reproductive health education increasingly falls on more accessible-though not always reliable-platforms. This transition can foster misinformation or inconsistent contraceptive use, particularly among vulnerable populations.

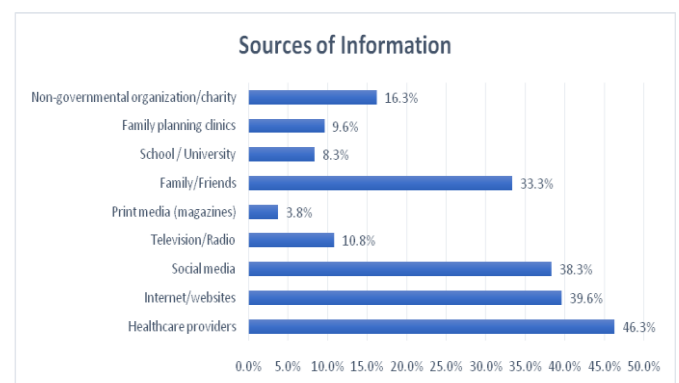
The relatively low reported influence of family planning clinics (9.6%) and schools (8.3%) raises additional concerns about the availability and affordability of structured sexual health education-resources that may be directly affected by economic constraints.

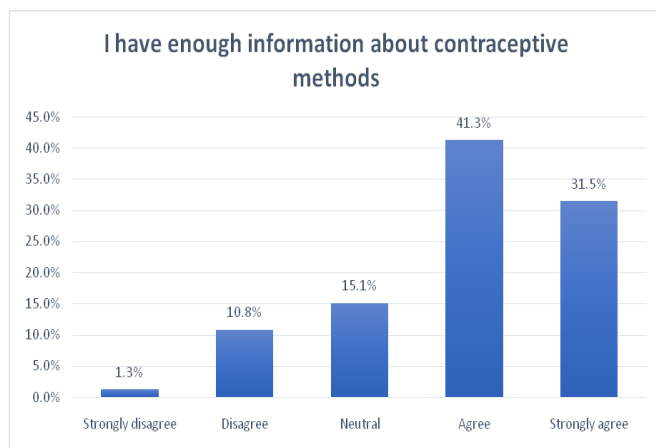
6.1. Awareness vs. utilization of contraceptive methods

Although awareness of contraceptive methods appears high among respondents, a gap persists between knowledge and actual usage. Despite understanding their options, a significant portion of individuals do not utilize contraceptive methods. This disparity highlights the importance of addressing barriers related to access, affordability, and education-especially during economic crises when access to healthcare services becomes increasingly challenging.

6.2. Marital status and economic influence on family planning

The data further indicate that marital status influences perceptions of how the economic crisis has affected contraceptive practices. Divorced individuals, in particular, reported a heightened perceived impact, suggesting that economic shifts may influence family planning decisions differently depending on relationship status. Recognizing these nuances is essential for designing targeted support services and interventions that respond to the diverse needs of individuals navigating reproductive health choices amid financial instability.





7. Conclusion

This study explores the demographic characteristics, sexual behaviors, contraceptive usage patterns, and the impact of Lebanon's economic crisis on sexual and reproductive health. Understanding these dynamics is essential for developing targeted interventions and policies that address the population's reproductive health needs during times of economic instability. A majority of survey respondents reported that the economic crisis has affected contraceptive usage trends in Lebanon. This widespread perception highlights the profound influence of financial hardship on reproductive decision-making. The data further suggest that older individuals and those who are divorced are more likely to perceive a greater impact on their contraceptive practices. These findings indicate that certain demographic groups may be more vulnerable to the economic crisis's effects on reproductive health choices. The survey underscores the complex relationship between economic conditions and contraceptive behavior. By acknowledging the perceived influence of economic challenges and addressing existing gaps in contraceptive awareness and utilization, healthcare providers and policymakers can work toward delivering inclusive and accessible reproductive healthcare services. Tailored interventions that address the specific needs of diverse demographic groups and that remove barriers to contraceptive access are essential to protecting reproductive health and well-being amid economic uncertainty. These findings emphasize the critical need to address the effects of the economic crisis on family planning in Lebanon. Policymakers and healthcare professionals must consider the multifaceted factors that shape reproductive health decisions during financial instability. Strategic efforts to enhance access to affordable contraceptive options, expand education and awareness initiatives, and provide targeted support to vulnerable populations are vital to mitigating the negative consequences of economic crises on reproductive health outcomes.

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