

Prevalence Of Unmet Need Of Contraception Among Married Females

Bharti Koria*, Parina Trivedi**, Paritosh Vasani**, Pooja Panchal** Prachi Gupta**

*Assistant Professor, Department of Community Medicine ** Medical students, Government Medical College, Bhavnagar

Abstract: Background: Women with unmet need are who report not wanting any more children or wanting to delay the next child but not using any contraceptives. Government of India is committed to achieve Total Fertility Rate (TFR) to 2.1 by the year 2017 which is still not achieved in many states. This disparity is observed due to failure to reach to the women who need contraceptive and were not offered contraceptives by various reasons including familial, social, religious or personal reasons. Aims and Objectives: The objective of this study was to find the prevalence of unmet need among females and to find the reasons for their unmet needs. Material and Methodology: This was a cross sectional study conducted in Panwadi area of Bhavnagar city during August to November 2018. Total four months were needed to complete the study. It was a convenient sampling method by which total 328 females were contacted during house to house interview and out of them 300 female were eligible or have given consent for the same based on inclusion and exclusion criteria. A pre formed pretested Performa was used to collect the data. Data entry and analysis was done in Microsoft excel. Number, percentage and chi-square test were used to analyse the data and to come to the final conclusion. Results: The prevalence of unmet need among the female, was 21%. The need was more for spacing methods (17.6%) as compared to terminal methods (03.3%). Majority of the female from the age group 20-35 years of age group (27%) out of them 7% of total having unmet need for family planning. Desire for male child (26.9%), unwillingness of male partner (17.5%), fear Of side effects (14.2%), family disapproval (12.6%), unaware about need (11.1%) have been found major cause for not finding or not accessing the family planning methods. Conclusion : Prevalence of 21% of unmet need is quite high. A countrywide study should be done to assess the need and programmes should be modified accordingly [Koria B T Natl J Integr Res Med, 2019; 10(2):21-24]

Key Words: Contraception, Family planning, Unmet need.

Author for correspondence: Dr. Bharti Koria, Assistant Professor, Department of Community Medicine, Government Medical College, Bhavnagar-364001, E-mail: drbhartikoria@gmail.com M:9727766576

Introduction: Women with unmet need are those who are fecund and sexually active but are not using any method of contraception and report not wanting any more children or wanting to delay the next child.¹ As per DLHS-III (2007-08) report unmet need for family planning is observed 21.3% among Indian female,² which is quite high as compared to many countries of world. Government of India is committed to achieve Total Fertility Rate (TFR) to 2.1 by the year 2017 which is still not achieved in many states. It is suggesting of need of female for spacing or terminal methods of contraception and this disparity is observed due to failure to reach to the women who need contraceptive and were not offered contraceptives by various reasons including familial, social, religious or personal reasons. Gujarat has shown 57.6 % use of modern contraception among female while their unmet need was observed 16.7 % for the same in the year 2015.³ India launched National family planning programme in the year 1952 .Since 65 years of well functioning of programme high fertility rate observed in India due to early and universality of marriage, son preference, unavailability of needed contraceptives, poverty and religious reasons.⁴ Government of India committed to millennium development goals

(MDGs) in which maternal health, Contraceptive use, family planning, poverty and hunger are given special attentions

Various policies and programmes like National Population Policy 2000, National Health Policy 2017, National Rural Health Mission 2005, Reproductive, Maternal, Neonatal, Child health and adolescent health programme has been launched to fulfil the India's commitment towards population control.⁵ Still country is far away from achieving its goals. Many studies have been conducted with the purpose of finding the gap for unmet need and contraceptive uses in various region of India. This study will be complementary in the knowledge regarding unmet need in Gujarat. The objective of this study was to find the prevalence of unmet need among females and to find the reasons for their unmet needs.

Materials and Methods: This was a cross sectional study conducted in Panwadi area of Bhavnagar city during august 2018 to November 2018. Total four months were needed to complete the study. It was a convenient sampling method by which total 328 females were contacted during house to house interview and

out of them 300 female were eligible or have given consent for the same based on inclusion and exclusion criteria.

Inclusion Criteria: Married Female of 20-49 years of age who has given consent been included in this study.

Exclusion Criteria: The female who were widow, divorcee, separated, The female who were currently pregnant, The female who were unmarried and The female who were post menopausal were excluded from this study. The female who were who didn't give consent

A pre formed pretested Performa was used to collect the data. Performa was pretested on 20 females of the same area and then modified accordingly. Each and every female was given detailed information regarding contraception and various methods then interview was conducted with their verbal consent. Final Performa has been divided in three main parts: (1) whether unmet need is there or not, if unmet need is there then what type of contraception they need, (2) Demographic and related indicators and (3) reasons for not using contraceptive methods. At the end of interview, all the females who had contraceptive needs were given detailed information regarding contraception and from where to get it. So that they can access the free services available to them. And then they were asked for their preference for contraceptive choice. Data entry and analysis was done in Microsoft excel. Number, percentage and chi-square test were used to analyse the data and to come to the final conclusion.

Results : Table.1 Below showing the prevalence of unmet need among the female of Panwadi area. Unmet need for family planning was 21%. The need was more for spacing methods (17.6%) as compared to terminal methods (03.3%).

Table 1: Prevalence of unmet need among married female of Panwadi area

Unmet Need For	Number (out of 300)	Prevalence
Spacing method	53	17.6
Terminal Method	10	03.3
Unmet need	63	21

Table 2 showing basic sociodemographic indicators were used to see whether they affect the contraceptive needs or not. Majority of the

female from the age group 30-34 years of age group (7%, 20% , total 27%) out of them 7% of total having unmet need for family planning.

Table2: Socio-demographic profile of married female of Panwadi area

Demographic variable	Total female having unmet need (N=63) No.(%)	Total female not having unmet need (N=237) No.(%)	X ² value
Age			
20-24	13(4.3)	43(14.3)	14.96*
25-29	16(5.3)	35(11.6)	
30-34	21(7.0)	60(20.0)	
35-39	10 (3.3)	40(13.3)	
40-44	03(1.0)	36(12.0)	
45-49	00(0.0)	23(7.6)	
Category			
General	21(7.0)	93(31.0)	3.84
OBC	24(8.0)	102(34.0)	
SC	12(4.0)	30(10.0)	
ST	06(2.0)	12(4.0)	
Education of female			
Illiterate	04(1.33)	09(3.0)	1.62
Primary	21(7.0)	96(32.0)	
Secondary	30(10.0)	106(35.3)	
Higher than above	08(2.6)	26(8.6)	
Occupation			
Daily labourer	12(4.0)	41(13.6)	1.24
Housewife	21(7.0)	88(29.3)	
Home based work	16(5.3)	70(23.3)	
Private job	08(2.6)	24(8.0)	
Government job	06(2.0)	17(5.6)	
Education of Husband			
Illiterate	06(2.0)	11(13.6)	6.34
Primary	19(6.3)	102(34.0)	
Secondary	25(8.3)	94(31.3)	
Higher than above	13(4.3)	30(10.0)	
Number of children			
01	21(7.0)	83(27.6)	2.30
02	23(7.6)	98(32.6)	
03	12(4.0)	42(14.0)	
>03	07(2.3)	14(4.6)	

Age groups and unmet need have found significant association. Contraceptive demand and unmet need was more in the age group of 30-34 years of age because of the almost completion of family size. Age group below it may need spacing method. Majority of the female were from OBC categories (42%), studied up to secondary level (45%), house wives (36.3%), having husband studied up to primary level (40.3) and majority having one or two children. Their relation with the unmet need was found statistically insignificant.

Table 3 : Reasons for not using contraceptives among married female of Panwadi area

Reason	Number (N=63)	Percentage (%)
Desire of male child	17	26.9
Family Disapproval	08	12.6
Fear Of side effects	09	14.2
Husband not willing	11	17.4
Lack of information	03	4.7
Lack of motivation	02	3.2
No faith	01	1.5
Unaware of need	07	11.1
Lack of availability	03	4.7
Religious belief	02	3.2

Desire for male child (26.9%), unwillingness of male partner (17.5%), fear Of side effects (14.2%), family disapproval (12.6%), unaware about need (11.1%) have been found major cause for not finding or not accessing the family planning methods.

Table 4: Preference of contraceptives among female who have had unmet need for family planning (N=63)

IUCD	Number	Percentage
Contraceptive pills	19	30.1
Condom	23	36.5
Injectables	4	6.3
Permanant sterilisation	7	11.1
Natural Methods	10	15.8

Table 4 shows unmet need for particular contraceptive choice of female who are not using contraception. Majority females prefer barrier contraceptives (condom, 36.5%) followed by contraceptive pills (30.1%). But as per table 3

they are not using them because of the one another reasons.

Discussion: In our study, we have found that unmet need for family planning was 21%. The need was more for spacing methods (17.6%) as compared to terminal methods (03.3%). Malini M. Bhattathiry reported unmet need for FP 39%, with spacing as 12% and limiting as 27% in her study done in Tamilnadu ⁶, while Srishti Singh reported unmet need for family planning 19.2% (4.8% spacing and 14.4% limiting) in study done in Rural India.⁷ A study of SEA region represented the total unmet need was 16.7% with 13.6% for spacing and 3.1% for limiting methods ⁸ Various studies have found quite high prevalence done in rural area or in urban area. This represents important issue which needs to address in future family planning policies in India. Referring various studies from rural and urban India, prevalence varies of unmet need varies upto 50% ^{9,10,11} which is showing unmet need prevalence is all over high whether its rural or urban area.

In our study, majority of the female from the age group 30-34 years of age group (7%, 20%, total 27%) out of them 7% of total having unmet need for family planning. In various studies unmet need was highest among those aged between 25 and 29 years ^{6, 7, 8} This suggest that the unmet need for spacing methods which is required for spacing between two children. As the age progress the need of the family planning methods choice vary.

In our study demographic profile of females, they were from OBC categories (42%), studied up to secondary level (45%), house wives (36.3%), having husband studied up to primary level (40.3) and majority having one or two children (7.6%, 32.6%) In some studies, it was found that the odds of having unmet need for family planning in the labourer category were three times as compared to housewives. Those women engaged in service had lower odds of unmet need for family planning.⁷ In another study, most one-third 299(29.3%) were educated up to high school and 249(24.4%) were illiterate. Among husbands of the women, more than half - 535(52.5%) have obtained high school education and above, while 193(18.9%) are illiterate. ⁸ In one other study most of the women were homemakers 899(89.1%) while most of the husbands are engaged in agricultural activity 478 (46.9%).⁸ And majority of the eligible couples

(41.5%) have 2 children or 3 children (24.2%).⁸ so it was common finding that unmet need was common in less studied people having lower income group and those who have desire for 3rd child after two children, preferably after two girl child.

Various reasons have been found for unmet need for family planning. In this study, desire for male child (26.9%), unwillingness of male partner (17.5%), fear Of side effects (14.2%), family disapproval (12.6%), unaware about need (11.1%) have been found major cause for not finding or not accessing the family planning methods. In another study, the major reason for unmet need for FP among the married group was 18%, for low perceived risk of pregnancy, 9%, feared the side effects of contraception 5% lacked information on contraceptives, 4% had husbands who opposed it and 3% gave medical reasons.⁶ Preference for male child was found common reason in all.^{7,8}

Conclusion: Unmet need for family planning has been issues of all level females specially illiterate, labourer, having low socio economic conditions. There is an urgent need of assessing the need at all level and including this demand in newer policies and programmes to make family planning services available at door step.

References

1. https://www.who.int/reproductivehealth/topics/family_planning/unmet_need_fp/en,programmes:Sexual_and_reproductive_health,Unmet_need_for_family_planning (DA 04.01.19)
2. <https://mohfw.gov.in/sites/default/files/56324455632156323214.pdf>. Annual Report 2015-16.pg 83 chap 6, family planning (DA 04.01.19)
3. https://en.wikipedia.org/wiki/Family_planning_in_India(DA 04.01.19)
4. <http://www.economicdiscussion.net/articles/10-causes-of-high-birth-rate-in-india-explained/2243>(DA 04.01.19)
5. <http://www.nhm.gov.in/nrhmcomponents/rm-nch-a/family-planning/background.html> 07.1. National Health mission, NHM components. (DA 04.01.19)
6. Malini M. Bhattathiry, Narayanan Ethirajan. Unmet need for family planning among married women of reproductive age group in urban Tamil Nadu: J Family Community Med. 2014 Jan-Apr; 21(1): 53–7.
7. Srishti Singh, Meenakshi Kalhan, J. S. Malik, et al. Assessment of unmet need for family

- planning and its determinants in a rural block of Haryana. Int J Community Med Public Health. 2018 May; 5 (5):1968-73
8. Rini Raveendran, Vijayakumar B. Unmet need for family planning in South India International Journal of Biomedical and Advance Research 2017; 8(03): 82-6.
9. Sulthana B, Shewade HD, Sunderamurthy B, Manoharan K, Subramanian M. Unmet need for contraception among married women in an urban area of Puducherry, India. Indian J Med Res. 2015; 141(1):115-8.
10. Sudha V, Vrushabhendra HN, Srikanth S, Suganya E. Unmet need for contraception among urban women: a cross sectional study in Puducherry. International Journal Of Community Medicine And Public Health. 2017 Apr 24;4(5):1494-9.
11. Tapare VS, Parande MA, Borle PS. Unmet need for contraception among married women of reproductive age in rural Maharashtra. International Journal Of Community Medicine And Public Health. 2017 Aug 23;4(9):3365-71.

Conflict of interest: None
Funding: None
Cite this Article as: Korla B, Trivedi P, Vasani P, Panchal P, Gupta. Prevalence of Unmet need of contraception among married females of Panwadi area of Bhavnagar city, Gujarat. Natl J Integr Res Med 2019; Vol.10(2): 21-24