

Unmet Need for Contraception: An Assessment for Enriching Public Health Interventions

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ABSTRACT

Unmet need is a powerful concept for designing family planning programmes and has important implications for future population growth. It provides a target of women most likely and willing to use contraceptive methods. The present study was conducted to find out the extent of unmet need for contraception among women of reproductive age group (15 – 49 years) in a tertiary care hospital of Nagpur and to study the socio-demographic factors associated with unmet need. A cross sectional study was conducted for 2 months using a pre-designed and pre-tested questionnaire for data collection. Two hundred and fifty women were included in the study using convenience sampling. The unmet need for family planning was found to be 17.6%, out of which 61.4% was for spacing and the remaining 38.6% was for limiting. Significant association was found between literacy status, type of family and occupation whereas no significance was found between unmet need and age of the woman, total number of children and male children. Lack of awareness and misconception about contraceptive methods is responsible for the high prevalence of unmet need. Therefore, continuous awareness of contraceptive methods with regard to different methods, their usage, availability and accessibility to the beneficiaries should be made.

KEY WORDS: contraceptive awareness; family planning; unmet need

INTRODUCTION:

India with a population of 1,21,01,93,422 has become the second most populous country in the world^[1]. The twentieth century witnessed an unprecedented rapid improvement in health care technologies and access to health care all over the world. As a result, there was a steep fall in the mortality and steep increase in longevity. Globally, one billion people are added every 12 - 13 years^[2].

Currently married women, who are not using any method of contraception but who do not want any more children, are defined as having an unmet need for limiting and those who are not using contraception but want to wait two or more years before having another

child are defined as having an unmet need for spacing. The sum of the unmet need for limiting and the unmet need for spacing is the total unmet need for family planning. According to the report of the first phase of NFHS III, 20% of currently married women in India had an unmet need for both spacing and limiting births. This had come down during the next phase of survey to 16% and again to 13% in the recent third phase of the survey^[3].

Among the most common reasons for unmet need are inconvenient or unsatisfactory services, lack of information, fears about contraceptive side effects and opposition from husband or relatives^[4]. Unmet need decreases with age, from 27% for women age 15-19, to 2% for women age 45-49. Younger women (age 15-24) have a greater unmet need for spacing than for limiting. Rural women have higher unmet need than urban women for both spacing and limiting^[3].

Unmet need for contraception must be interpreted in the light of other indicators such as contraceptive prevalence, total fertility rates, ideal family size and contraceptive preference. Knowledge

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of various reasons for not using effective family planning methods can guide program efforts to improve the uptake of modern methods. There is significant lag between the knowledge and use of common methods of family planning. Hence, this study was done to assess the unmet need for contraception among women of reproductive age group (15 – 49 years), to find out the demographic and socio-economic factors associated with it and compare the results to the studies done before.

MATERIALS AND METHODS:

A hospital based descriptive cross-sectional study was conducted in NKP Salve Institute of Medical Sciences and Research Centre, Nagpur. The study group consisted of all married women in the reproductive age group (15 - 49 years). Sample size of 250 women was calculated with the help of Open Epi Calculator with hypothesized 20%^[3] frequency of outcome factor in the population and confidence limits as 5% of 100. The cases included in the study were 'married women in age group of 15-49 years'. The exclusion criteria comprised of (a) unmarried women, divorced women, widow; (b) women who refused to participate; (c) women who had undergone hysterectomy; and (d) menopausal women.

The data was collected by face to face interview of the women in the Immuno-Prohylaxis Clinic (I.P.C.) on consecutive days, in 2 months. Pre designed and pre-tested questionnaire was used for interviewing. The questionnaire was designed to capture age, religion, socio-economic status, duration of marriage, educational and occupational status of wife and husband, type of family, number of male and female children. Additional questions were included to find the factors associated with non-acceptance for contraception and to find out the extent of unmet need for contraception.

Women of reproductive age refers to all women aged 15 to 49 years (WHO)^[5]. Unmet Need includes, as per NFHS I, II, III,^[6] all fecund women who are married, sexually active, able to produce children and are not using any method of contraception and who want to postpone their child birth for at least 2 more years. Those who want to have no more children are considered to have unmet need for limiting births, while those who want more children but not at least two more years are considered to have an unmet need for spacing births. The unmet need group also includes all pregnant married women whose pregnancies are unwanted or mistimed and who became pregnant because they were not using

contraception. Similarly, women who recently have given birth but are not yet at risk of becoming pregnant because they are amenorrhoeic post-partum are considered to have an unmet need if their pregnancies were unintended.

Data was analysed using statistical software, Epi. Info. Version 3.4.3 using Chi-Square and Proportion. Value less than 0.05 was considered significant.

RESULTS:

The studied population of 250 women was divided into family planning method users and non-users. Method users included those women who used different methods of contraception such as condoms, oral contraceptive pills, intra-uterine devices etc. Lactational amenorrhea method (LAM) being a natural birth control technique was considered under method users. Among the non-users, pregnant and non-pregnant women were separated. Thus, spacers and limiters were known and by adding them, total unmet need for family planning was calculated (Figure 1). Out of total 250 women, unmet need for family planning was present in 44 women (17.6%) and absent in 206 women (82.4%) (Figure 2). Out of those, 27(61.4%) have an unmet need for spacing, while 17(38.6%) have an unmet need for limiting (Figure 3). Various socio-demographic factors influencing the unmet need among the women were also studied (Figure 4). Multiple responses were allowed. Any other reasons included reasons like cost, perceived low risk of getting pregnant (exposure-related reasons) etc.

Many women gave multiple factors as their reason for not using contraceptive practices. About 65.9% complained that side effect fear was the main reason for refraining from using any sort of contraceptive devices. About 40.9% complained of pressure from any family member or their husband against the use of contraception. 31.8% women complained that contraceptive devices were not easily accessible or acceptable to them. 27.3% women stated that adopting contraceptive practices was against their religion. 13.6% said that they were not aware regarding contraceptive practices. 11.3% gave any other reason for not using contraceptives even though they were in need of it.

There is significant association between unmet need and various socio-demographic factors (Figure 5). Women those who were illiterate, studied primary, middle and high school were clubbed in class up to S.S.C and above S.S.C included those educated

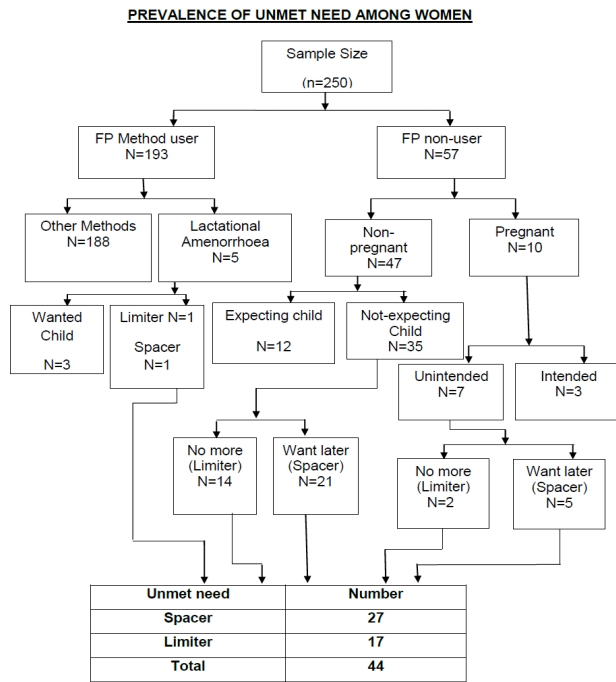


Figure 1: Calculation of unmet need on the basis of family planning method users and non-users.

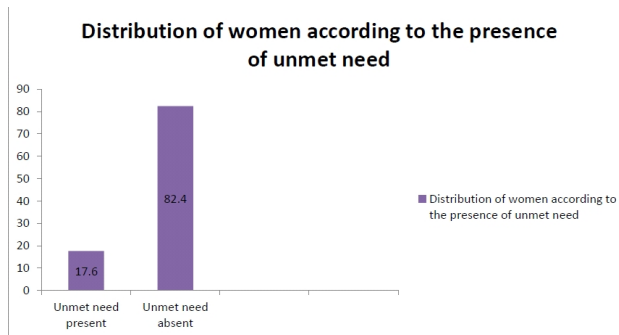


Figure 2: Bar diagram shows the presence or absence of unmet need for family planning of the women.

Type of unmet need of women

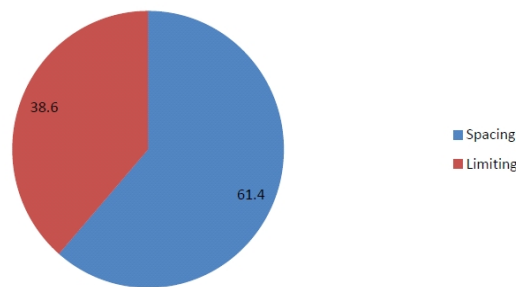


Figure 3: Pie diagram shows the number of spacers and limiters among those women who have an unmet need for family planning.

up to intermediate level and graduates and post-graduates. Women with a literacy status up to S.S.C have 3.9 times more unmet need than women with literacy status above S.S.C. Women living in a joint/ three generation family have 3.1 times more unmet need than those women living in nuclear families. Women who are not working or are housewives have 3.6 times more unmet need than working women.

Factors affecting unmet need of women

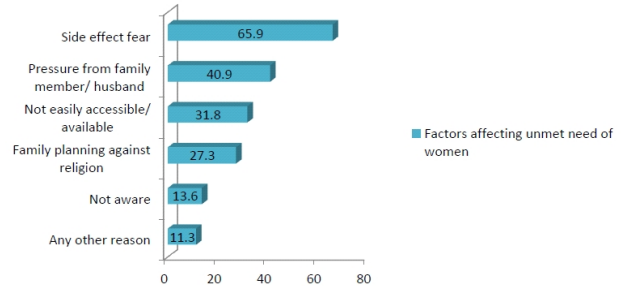


Figure 4: Bar diagram shows the various socio-demographic factors influencing the unmet need among the women.

DISCUSSION:

From the results of the study, it is found that the unmet need for family planning was 17.6%, out of which 61.4% was for spacing and the remaining 38.6% was for limiting. It is almost similar to the findings mentioned in NFHS III which was around 13%.^[3] According to the data from NFHS III, unmet need for spacing is greater than the unmet need for limiting. Similar results have been found in the present study. The study showed nearly similar results to the studies conducted in Gwalior by Srivastava et al (2007) where the unmet need for family planning were more among residents of rural area (30.45%) than urban areas (15.53%)^[7]. The present study is also similar to a study conducted in Bihar by Kumar et al, where about 25% of married women; aged 15-49 years have an unmet need; 11% for spacing and 12% for limiting^[8].

The unmet need in this study is significantly similar to the findings of the study conducted in a cross sectional survey on unmet need for family planning conducted in Haryana where the unmet need for family planning among the wives was found to be 17.5%. Both were cross-sectional studies and had almost similar sample sizes. The difference was seen in unmet need for spacing (M-3.5% vs. F-6%) as well as limiting family size (M-7.5% vs. F-11.5%)^[9]. The result from the current study was found to be considerably lower than the studies conducted by

(n=250)

Variable	Unmet need present (%)	Unmet need absent (%)	Chi-square	p-value	Odds ratio	Confidence Limit
Age of women						
<30 years	38	172	0.222	Not significant	Not significant	0.508, 3.483
>30 years	6	34				
Literacy status of the women						
Up to SSC	32	84	14.88	0.0001145	3.9	1.9, 8.176
Above SSC	12	122				
Type of family						
Joint/Three generation	25	61	11.86	0.0005673	3.1	1.595, 6.146
Nuclear	19	145				
Total number of children						
>1	42	199	0.1375	Not significant	Not significant	0.1582, 5.354
0	2	7				
Number of male children						
>1	25	138	1.653	Not significant	Not significant	0.3336, 1.276
0	19	68				
Occupation of the woman						
Not working	38	131	8.584	0.003392	3.6	1.521, 9.792
Working	6	75				

Figure 5: The association of unmet need with age, literacy status of women, type of family, total children, number of male children and occupation of the women (significant factors are shown in bold).

Solanki et al (2013)^[10] in a rural area of Maharashtra (unmet need 44.1%) and by Patil et al (2010) in married women of a tribal area of India (unmet need 44%). Dissimilarities in the result may be due to regional differences and variation in the literacy status, education and working opportunities of the women.

Among the various factors influencing unmet need, side effect fear was found to be the highest (65.9%). It was followed by pressure from family member / husband (40.9%). Other factors responsible for unmet need include family planning against religion, not aware, not easily accessible/ available etc. It is similar to the results from the data of NFHS – III which showed that informed choice of family planning methods is not common. Only about one-third of modern contraceptive users were informed about the side effects or problems of their method. Only one-quarter were told what to do about side effects.

CONCLUSION:

The study reveals that the unmet need for family planning is 17.6%. Unmet need for spacing is 61.4% and that of limiting is 38.6%. Lack of proper

knowledge and misconception about contraceptive methods is responsible for the prevalence of unmet need. The association of literacy status, type of family and occupation of the woman was found to be significant in this study. The association of age of the woman, total number of children and male children was not found to be significant.

Family planning is an effective measure which can serve as the public health intervention with multiple societal and individual benefits. Not only that but effective use of family planning also helps women achieve desired number of children, avoid unwanted and unintended pregnancies and can reduce maternal and child mortality.

SUGGESTIONS:

According to the National Family Health Survey III (NFHS III), unmet need for family planning among currently married women is 13%, down from 16% in NFHS II. In order to make family planning a success, systematic efforts need to be taken by the Government to educate women to make them understand their responsibility in family planning. Improvement in the contraceptive prevalence rate and addressing the unmet need for contraception requires community involvement and ongoing, sustained efforts by health workers to ensure quality care to the beneficiaries. Delaying the age at marriage and improving literacy rate would significantly contribute to these efforts. Focus on improving information, education and communication (IEC) activities are the key to address the unmet needs for contraception along with easily accessible, convenient and good quality methods of family planning.

LIMITATIONS OF THE STUDY:

Short study duration and not interviewing male partners are the limitations of the present study.

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