



Original Research Article

Unmet Need for Family Planning Among the Married Women of Reproductive Age Group in a Rural Area

Jain Akanksha^{1*}, Aswar Nandkeshav R.^{2**}, Kale Kalpana M.^{2**}, Dimple Vijay K.^{3*}, Doibale Mohan K.^{4*}

¹JR-3, ²Associate Professor, ³Assistant Professor, ⁴Professor and Head;

*Department of Community Medicine, Dr. S.C. Govt. Medical College, Nanded, Maharashtra, India.

**Department of Community Medicine, Government Medical College, Akola, Maharashtra, India.

Corresponding Author: Jain Akanksha

Received: 09/10/2014

Revised: 06/11/2014

Accepted: 11/11/2014

ABSTRACT

Context: Unmet need which is the discrepancy between reproductive intentions and birth control practices is important indicators of National Family Planning Program. Despite of existence of National policy of family planning in India, the need for family planning services is not met. Data on unmet need can help to identifying women who are at greatest risk of unintended pregnancy and more likely to adopt a family planning method also helps to resolve the obstacles in meeting these needs.

Aims: To find out 1) Unmet need of family planning and 2) Its determinants.

Settings and Design: A community based cross sectional study.

Study population: Married women of age 15-45 years in a Limbgaon village, (Maharashtra).

Period of study: January 2014 to February 2014.

Methods and Material: Total 180 study subjects were selected by systemic random sampling method and interviewed by using pretested semi-structured questionnaire.

Statistical analysis used: Data was analysed by graph pad prism 5.01. Proportion, mean, SD were calculated. Chi-square test was applied wherever applicable to find any relationships.

Results: Unmet need among the study women was found to be 36.7%. Unmet need for spacer and for limiters was 24.4% and 12.2% respectively. Unmet need was more in women of 15-24 years of age, illiterate women, Muslim women, illiteracy of her husband, women who married below 18 years, women living in joint families and women lacking knowledge about contraception. These associations were statistically significant. Reasons for not using any contraceptive methods were lack of knowledge(48.5%), fear of side effects(36.4%), opposition from family(31.8%), not satisfied with the services(31.8%), religious reasons(25.7%), low perceived risk of pregnancy (19.7%) and no time to visit Family planning centre(10.6%),

Key words: Unmet need, contraception, family planning, reproductive health, rural area

INTRODUCTION

The discrepancy between reproductive intentions and birth control practices is termed as 'unmet need'.^[1] That

is, it refers to the fertile women who either wish to postpone the next birth (spacers) or wish to stop child bearing (limiters) but are not using any contraceptive method.

About seventeen percent of all married women in less developed countries would prefer to avoid pregnancy but are not practicing any form of family planning. [2] Demographers and health specialists refer to these women as having an 'unmet need' for family planning. Over the past decade, rising rates of contraceptive use have reduced unmet need for family planning in most of the countries; however unmet need remains persistently high or is increasing, indicating that greater efforts are needed to understand and address the causes of unmet need.

Most of the population growth occurs in developing countries, where family size exceeds the required replacement level. To stabilize the population, achievement of zero population growth level is the only hope. This seems to be a difficult task, but not impossible if unmet need for family planning is met.

Today, 63% of women in developing countries use a method of family planning. In 1960, that number was just 10%. Despite this dramatic increase, about one in six married women still has an unmet need for family planning. As a consequence, 76 million women in developing countries still experience unintended pregnancies each year, and 19 million resorts to unsafe abortions. [3] Family planning can reduce maternal mortality by reducing the number of pregnancies, the number of abortions, and the proportion of births at high risk. [4] It has been estimated that meeting women's need for modern contraceptives would prevent about one quarter to one-third of all maternal deaths; saving 140,000 to 150,000 lives a year. [5] If measured accurately, unmet need can indicate the potential demand for family planning services and its likely impact on fertility, if the demand is met effectively. [6]

India is a vast country with population of 1.21 billion (121crores) and about three-fourth of the country's

population live in rural areas. Despite of existence of National policy of family planning since 1983, the need for family planning services is not met as revealed from National Family Health surveys carried out in 1992-93 and 1998-99 (NFHS I and II). However the analysis of findings of NFHS-III does reveal that the unmet need of family planning has declined from 15.8% in NFHS-II to 13.25 in NFHS-III. [7,8] But this decrease in rate is not promising and also it is one of the challenges to meet the contraceptive needs in rural area, where most of women live and give birth. [1]

Unmet need is a valuable indicator for national family planning programs because it shows how well they are achieving a key mission: meeting the population's felt need for family planning. [3] Data on unmet need can also help family planning programs target activities by identifying women who are at greatest risk of unintended pregnancy and more likely to adopt a method than other nonusers. In addition, the concept of unmet need places women's personal reproductive preferences, rather than numerical targets for fertility and population growth, at the center of family planning services. [1,9] Levels of unmet need rise and fall in response to two factors: demand for family planning and contraceptive use. [3] Among the reasons for unmet need for family planning, the common ones are inconvenient unsatisfactory services, lack of information, fears about contraceptive side effects and opposition from husbands or other family members. [10]

The present study has been conducted to know the extent of unmet need of family planning and some of its determinants along with the reasons for the unmet need among the women of reproductive age group in rural area of Maharashtra (India)

MATERIALS AND METHODS

Study area and population:

The present study was conducted in the village Limbgaon, District Nanded, which is one of the centres under rural health training center of Dr. Shankarrao Chavan Government Medical College Nanded. The population of Limbgaon is around 4500. Limbgaon has Primary Health Centre (PHC) covering the population around 40000. The reference population of the study consisted of couples residing in Limbgaon village. The study population included married women aged 15-44 years and presently living with their spouses.

Study design and sample size:

Present study was a cross sectional study conducted in Limbgaon village, Maharashtra (India) during Jan2014 to Feb 2014. The updated list of eligible couples wherein the wife is in the reproductive age group (15 and 45 years) was obtained from the anganwadi centre and was used as sampling frame. There were total 901 eligible couples in this village. From these eligible couples, 20 percent couples were selected by systematic random sampling methods. Thus to get 180 couples, every fifth couple from the sampling frame was selected. The list provided names of the couples and their house number.

Data collection and statistical analysis:

Data was collected by interview technique using pre-tested, semi structured questionnaire. The questionnaire included data on socio-economic and demographic information of married female and information on family planning covering major parts of research objectives. The rapport was developed with these women and with their consent interview was conducted in their local language. None of the women refused to give information which had been asked. Data was analyzed

by graph pad prism 5.01. Proportion, mean, SD were calculated. Chi-square test was applied wherever applicable to find any relationships.

RESULTS AND OBSERVATIONS

In the present study it was found that the mean age of the study subjects was 24.7 ± 5.71 years. Minimum age of marriage was 16 years and maximum was 27 years. Distribution of study subjects as per the various demographic variables is shown in table 1.

In the present study it was found that most of the study subjects were Hindu 66.7%, literate 55.6%, were working 55.0%, belongs to socioeconomic class- IV 48.9%, used to live in joint family 65.6% and got married after 18 years of age 73.3%.

Table 2 showed that the out 180 women, 114 (63.3%) met the need for family planning while 66 (36.7%) did not met the need. Thus unmet need among the women of age group 15-45 years was found to be 36.7%.

From table 3, it is found that out of 66 women who did not met the need for family planning, 44 (66.7%) wanted to postpone the next birth while 22 (33.3%) wanted to stop the child bearing. Among all 180 women interviewed, unmet need for spacer (those wanted to postpone birth) and unmet need for limiters (those wanted to stop the child bearing) was found to be 24.4% and 12.2% respectively.

Table 4 shows the relationship between the demographic profile and unmet need among women.

The unmet need for family planning was more i.e. 44.9 % in age group of 15 to 24 years as compared to 23.9 % in women above 24 years of age. Muslims women had more unmet need (70.6%) as compared to Hindu (27.5%) and Boudh women (34.6%).

Table 1: Sociodemographic profile of the study subjects.

| Sociodemographic characters | | No. | Percentage |
|-----------------------------|-----------------------------|-----|------------|
| Age of women | 15-19 | 10 | 05.6 |
| | 20-24 | 99 | 55.0 |
| | 25-29 | 44 | 24.4 |
| | 30-34 | 14 | 07.8 |
| | >35 | 13 | 07.2 |
| Religion | Hindu | 120 | 66.7 |
| | Muslims | 34 | 18.9 |
| | Boudh | 26 | 14.4 |
| Education | Illiterate | 80 | 44.4 |
| | Literate | 100 | 55.6 |
| Husband's education | Illiterate | 52 | 28.9 |
| | Literate | 128 | 71.1 |
| Occupation | House Work | 81 | 45.0 |
| | Working (labourer, Farming) | 99 | 55.0 |
| Husband's occupation | Working (labourer, Farming) | 146 | 81.1 |
| | Service or Self employed | 34 | 18.9 |
| Socio Economic Status | I | 1 | 00.6 |
| | II | 5 | 02.8 |
| | III | 51 | 28.3 |
| | IV | 88 | 48.9 |
| | V | 35 | 19.4 |
| Family type | Nuclear | 62 | 34.4 |
| | Joint | 118 | 65.6 |
| Age at marriage | <18 years | 48 | 26.7 |
| | ≥18 years | 132 | 73.3 |

Table2: Unmet need of family planning among study subjects

| Unmet need | Frequency | Percentage |
|------------|-----------|------------|
| Yes | 66 | 36.7 |
| No | 114 | 63.3 |
| Total | 180 | 100 |

Table 3: Type of unmet need of family planning among study subjects (n=66)

| Unmet need | Frequency | Percentage |
|---|-----------|------------|
| Wants to postpone the next birth (Spacer) | 44 | 66.7 |
| Wants to stop child bearing (Limiter) | 22 | 33.3 |

Unmet need was 47.5 % in illiterate women while it was 28.0 % in literate women. Unmet need was 41.9 % in housewives while it was 32.3% in working women. In case of women having illiterate husband unmet need was 71.1 % as compared to 28.9% in those women having literate husbands. Unmet need was 38.2% in women whose husbands were doing laborer job while it was 29.4 % in women whose husbands were doing service. 49.2% women who were residing in joint family had unmet while only 12.9% women residing in nuclear

family had unmet need. Those who got married before the age of 18 had higher unmet need of family planning i.e.54.2 % as compared to those who married after 18 years of age (30.3%). Unmet need was higher (39.1%) in women of SES IV and V while it is 31.6% in women of I, II and III Se status. Those who did not have the knowledge of contraception had more unmet need i.e. 69.3 % while those who had the knowledge had less unmet need i.e. 23.4%.

In the present study statistical significant association was observed between the unmet need and women of 15-24 years of age group ($p<0.005$), illiterate women ($p<0.01$), Muslim women (<0.001), illiteracy of her husband ($p<0.001$), women who married below 18 years of age ($p<0.005$), women living in joint families ($p<0.001$) and women having lack of knowledge about contraception ($p<0.001$). No significant association was observed between unmet need and occupation of women and

occupation of their husbands and SE status of these women. (Table 4)

Table 4: Relation between unmet need for family planning and socio demographic profile of Study Subjects.

| Sociodemographic factors | | Met need | Unmet need | p-value | Chi-square |
|-------------------------------|-----------------------------|-----------|------------|---------|------------|
| Age of women | 15-24 | 60 (55.1) | 49 (44.9) | < 0.005 | 8.173 |
| | ≥25 | 54(76.1) | 17(23.9) | | |
| Religion | Hindu | 87(72.5) | 33(27.5) | < 0.001 | 21.24 |
| | Muslims | 10(29.4) | 24(70.6) | | |
| | Boudh | 17(65.4) | 9(34.6) | | |
| Education | Illiterate | 42(52.5) | 38(47.5) | < 0.01 | 7.278 |
| | Literate | 72(72.0) | 28(28.0) | | |
| Husband's education | Illiterate | 22 (42.3) | 30(57.7) | < 0.001 | 13.92 |
| | Literate | 92(71.9) | 36(28.1) | | |
| Occupation | House work | 47(58.1) | 34(41.9) | > 0.05 | 1.787 |
| | Working (labourer, Farming) | 67(67.7) | 32(32.3) | | |
| Husband's occupation | Labourer and farming | 90 (61.6) | 56 (38.2) | >0.05 | 0.9501 |
| | Service or Self employed | 24 (70.6) | 10 (29.4) | | |
| Family type | Nuclear | 54 (87.1) | 8 (12.9) | <0.001 | 23.00 |
| | Joint | 60(50.8) | 58(49.2) | | |
| S-E Status | I to III | 39 (68.4) | 18 (31.6) | > 0.05 | 0.9298 |
| | IV and IV | 75 (60.9) | 48 (39.1) | | |
| Age at marriage | <18 | 22(45.8) | 26(54.2) | < 0.005 | 8.632 |
| | ≥18 years | 92(69.7) | 40(30.3) | | |
| Knowledge about Contraceptive | Yes | 98(76.6) | 30(23.4) | <0.001 | 33.39 |
| | No | 16(30.7) | 36(69.3) | | |

(Significant values- p<.05, p<.01, p<.005, p<.001; Non Significant- p>.05)

Various reasons given by the women for not using the contraceptive methods were lack of knowledge in 32(48.5%), fear of side effects in 24(36.4%), opposition from family in 21(31.8%), not satisfied with the services 21(31.8%), religious reasons 17(25.7%), low perceived risk of pregnancy 13(19.7%) and no time to visit Family planning centre 7(10.6%) Multiple responses were given by the study subjects. (Table 5)

Table 5: Reasons for unmet need of family planning (n=66)

| Reasons | Frequency | Percentage |
|-----------------------------------|-----------|------------|
| Lack of knowledge | 32 | 48.5 |
| Opposition from family or husband | 21 | 31.8 |
| Fear of side effects | 24 | 36.4 |
| Not satisfied with the services | 21 | 31.8 |
| Religious reasons | 17 | 25.7 |
| No time to visit FP centre | 7 | 10.6 |
| Low perceived risk of pregnancy | 13 | 19.7 |

Multiple responses

DISCUSSION

In the present study the unmet need of family planning among women of reproductive age group was found to be 36.7%. Similar prevalence of unmet need

had been obtained in the study conducted by Yerpude PNet al [9] and Verma N et al. [11] In the study conducted by Solanki et al, [1] Shrivastava DK et al, [6] Patel BH et al, [12] Indu D [13] and Ansari R [14] the unmet need of family planning was observed to be 20.5%, 17%, 15.33%, 55.9%, and 13% respectively.

The high prevalence of unmet need for family planning in present study was may be due to that the study is conducted in rural women where facilities for family planning are deficient; women have little access to the available facilities and high illiteracy among the women.

In the present study significant relation was observed between the unmet need and women of 15-24 years of age group, illiterate women, Muslim women, illiteracy of her husband, in women doing household work, women who married below 18 years of age and women having lack of knowledge about contraception.

In study conducted by Patel BH et al [12] it had been observed that there was a significant relationship between the age of women and her unmet need. Unmet need was present mostly in women of age between 15-25 years. In Study conducted by Indu D, [13] it had been found that there was a significant relationship between the unmet need with the age of women, her education, her husband's education, type of family, her knowledge about contraception. These relationship had further been supported by the studies conducted by Solanki et al¹, Ansary R, [14] Mehta et al [15] and Nayak A et al. [16]

Saini et al (2007) [17] in their study of family planning in resettlement colony of east Delhi, the unmet need for family planning was maximum in the subjects aged 36 years and above, which was mainly a need for limiting children . The unmet need for spacing was the highest in the age group of 18-25 years. It can also be seen that as the age increases, the unmet need for spacing methods decreases while the reverse is true for unmet need for limiting the family. This trend was statistically significant.

In present study various reasons given by the women for not using the contraceptives. These were lack of knowledge, fear of side effects, opposition from family, not satisfied with the services, religious reasons, low perceived risk of pregnancy and no time to visit Family planning centre. Patel BH et al [12] also observed that most common reason for not using the contraceptives was inconveniency (48.78%) followed by refusal by spouse (21.95%), Lack of knowledge (17.07%), side effects (7.31%). However in the study conducted by Nayak A et al [16] it had been observed that the most common reason of unmet need was side effects of contraception 28.6%, followed by religious reason 21.4%, family opposition 21.4%, low perceived risk of pregnancy 17.9% of women for unmet

need. Patil S.S. et al [18] in their study had also observed that the most common reason of unmet need among the women was side effects 36.3% followed by contraceptive method related problems 24.4 % , fertility related reasons in 23.8 % , health concern related reasons in 21.7%. This needs to impart health education regarding reproduction and contraception, their usage, their availability to the beneficiaries by health workers. These women should be motivated to accept contraceptive methods so as to improve contraceptive prevalence rate.

CONCLUSION

In developing country like India family planning program has experienced significant growth and expansion over past half century. But unmet need of family planning is still a problem in our country. Unmet need is higher in 25-34 years age group which is the age for higher fertility; it is also higher in Muslim women. So, program should focus on them to prevent unwanted pregnancy. Female education contributes significantly in use of family planning practices and reduces unmet need. Health professionals especially field staff should be trained to provide an informed choice to couples and also sufficient knowledge should be imparted regarding reproduction and contraception. Continuous awareness with regards to different methods of contraception, their usage, & their availability to the beneficiaries should be made by health workers to motivate them to accept contraceptive methods so as to improve contraceptive prevalence rate.

REFERENCES

1. Solanki HM, Chavan MK, Gajanan D, Parmar M T. A Comparative Study Between Met & Unmet Need Groups Of Contraception In Rural Area Of Maharashtra, India. Global

- Journal of Medicine And Public Health 2013; 2 (1):1-7.
2. Ross JA, Winfrey WL. Unmet Need For Contraception In The Developing World And The Former Soviet Union: An Update Estimate. International Family Planning Prospective 2002.p.28.
 3. Outlook 25th Anniversary Issue, UNFPA, PATH 2008;25(1):1-8.
 4. Jamison DT et al. Disease Control Priorities in Developing Countries. New York: Oxford University Press 2006;2nd ed:1075–1090.
 5. Singh S, Darroch JE, Vlassof M, Nadeau J. Adding It Up: The Benefits Of Investing In Sexual And Reproductive Health Care. New York: Alan Guttmacher Institute; 2003. Available At: [Www.Guttmacher.Org/Pubs/Addingitup.Pdf](http://www.Guttmacher.Org/Pubs/Addingitup.Pdf)
 6. Shrivastava DK, Gautam P, Gautam R, Gour N, Bansal M, A Study To Assess The Unmet Needs Of Family Planning In Gwalior District And To Study The Factors That Helps In Determining It, National Journal Of Community Medicine 2011; 2 (1), 28-32
 7. National family health survey NFHS-2, 1998-99. International Institute of Population Sciences. Mumbai India.
 8. National family health survey NFHS-3, 2005-06. International Institute of Population Sciences. Mumbai India.
 9. Yerpude PN, Jogdand KS, Jogdand MS, A Study On Determinants Of Unmet Need Of Family Planning Among The Married Women In Urban Slum Area, International journal of recent trends in science and technology, 2013; 8(2); 122-124.
 10. Choudhary S, Saluja N, Sharma S, Gaur D, Pandey S. A Study on The Extent And Reasons Of Unmet Need for Family Planning Among Women of Reproductive Age Group In Rural Area of Haryana. The Internet Journal of Health. 2011;12(1).
 11. Verma N, Bhawanani D, Soni GP, Bandhi G. Assessment of Unmet Need for Contraception among eligible couples in urban slums of Raipur city of Chhatisgarh State. Indian Journal of community Health 2014; 26(2):205-210.
 12. Patel BH, Gandha KM, Koringa HT, Mehta JP, Parmar DP, Yadav SB, A Community Based Cross-Sectional Study To Assess The Unmet Need Of Family Planning In Urban Slums And Its Determinants In Western Part Of India. National journal of medical research, 2014; 4(1):7-9.
 13. Indu D, Unmet need for family planning in urban slums of Trivandrum corporation area- A cross-sectional study. Callicut Medical Journal 2011; 9(2):1-5.
 14. Ansary R, Anisujjaman M. Factors Determining The Pattern Of Unmet Need For Family Planning In Uttar Pradesh, India. International Research Journal Of Social Sciences 2012; 1(4): 16-23.
 15. Mehata S, Paudel Y R, Mehta R, Dariang M, Paoudel P, Barnett S. Inequalities In The Use Of Family Planning In Rural Nepal. Biomed Research International 2014; Vol 2014:1-9.
 16. Nayak A, Patel V, Koria B, Kotecha I, Trivedi A, Singh M.P. Unmet Needs For Family Planning in UHTC Area of Government Medical College Bhavnagar. NJIRM 2013; 4(5): 86-89.

17. Saini NK, Bhasin SK, Sharma R, Yadav G. Study of Unmet Need of Family Planning Ina a Resettlement Colony of East Delhi. Perspective and Issues 2007; 30(2):124-133.

18. Patil S.S., Rashid AK, Narayan KA. Unmet needs for family Planning in married women in a tribal area of India. Malaysian Journal of Public health medicine 2010; 10(2):44-51.

How to cite this article: Akanksha J, Nandkeshav AR, Kalpana KM et. al. Unmet need for family planning among the married women of reproductive age group in a rural area. Int J Health Sci Res. 2014;4(12):62-69.

International Journal of Health Sciences & Research (IJHSR)

Publish your work in this journal

The International Journal of Health Sciences & Research is a multidisciplinary indexed open access double-blind peer-reviewed international journal that publishes original research articles from all areas of health sciences and allied branches. This monthly journal is characterised by rapid publication of reviews, original research and case reports across all the fields of health sciences. The details of journal are available on its official website (www.ijhsr.org).

Submit your manuscript by email: editor.ijhsr@gmail.com OR editor.ijhsr@yahoo.com