

Original research article

A Study to Assess Unmet Need for Family Planning and Contraceptive Choices Among Married Women of Reproductive Age in Rural Areas of Lucknow

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Received:05-11-21

Revised:25-11-21

Accepted:16-12-21

Abstract

Background: The unmet need of family planning refers to the gap between reproduction intention of a couple and their contraceptive behavior. According to NFHS-4 the unmet need for family planning is 12.9 in India. The objectives of the study were to assess the unmet need for family planning and to find out the contraceptive choices among married women.

Materials and Methods: A descriptive survey was undertaken among 280 married women selected using purposive sampling. Data were collected using structured questionnaire.

Results: About 41.1% of the total subjects had the unmet need for family planning in that 32.2% were having unmet need for spacing and 67.8% for limiting. Majority (55.7%) were not using family planning because of fertility related reasons. The study revealed that there was a significant association between unmet need and variables like age and number of living children. There was a significant association between unmet need and fertility related reasons.

Conclusions: The study concludes that still there is need to create awareness regarding importance of spacing method as well as limiting methods and to clear the myths regarding contraceptives not only in young couples but also in other family members.

Keywords: Unmet need, Family planning, Contraceptive choices, Married women

Introduction

Contraceptive use and unmet need for family planning are key to understand the profound changes in fertility and to improve reproductive health worldwide. The goal of ensuring universal access to sexual and reproductive health-care services, including for family planning, information and education, and of promoting the integration of reproductive health into national strategies and programmes was reflected in the Millennium Development Goals and, more recently, in the Sustainable Development Goals under target 3.7.¹ The United Nations conference on human rights at Teheran in 1968 recognized family planning as a basic human right. The world conference of the international women's Year in 1975 also declared "the right of women to decide freely and responsibly on the number and spacing of their children and to have access to the information and means to enable them to exercise that right." Thus during the past few decades, family planning has emerged from whisper in private quarters to the focus

of international concern as a basic human right, and a component of family health and social welfare.² Worldwide in 2017, 63 per cent of married or in-union women of reproductive age were using some form of contraception, including any modern or traditional methods of contraception. Modern contraceptive methods constitute most contraceptive use. In 2017, 58 per cent of married or in-union women of reproductive age used a modern method of family planning worldwide, constituting 92 per cent of contraceptive users.³ In India according to NFHS-4 the prevalence of contraceptive use among women in the reproductive age is 53.5 percent.⁴ Many women who are sexually active would prefer to avoid becoming pregnant, but nevertheless are not using any method of contraception including use by their partner. These women are considered to have unmet need for family planning.² After a live birth, the recommended interval before attempting the next pregnancy is at least 24 months in order to reduce the risk of adverse maternal, perinatal and infant outcomes.⁵ So that not only limiting the birth, spacing is also important to reduce the maternal, perinatal and infant morbidity and mortality. At least 222 million women in developing countries have an unmet need for family planning. Each year there are 80 million unintended pregnancies and 40 million abortions worldwide.⁶ According to NFHS-4 the unmet need for family planning is 12.9 in India.⁴ While the unmet need for family planning has declined in most of the states, there is a need for considerable improvement in the coverage and quality of family planning services, especially in the seven large states of UP, Bihar, MP, Rajasthan, Haryana, Assam and Gujarat. The total fertility rate for these states most lies in the range of 2.3- 3.2 while in other states India has achieved <2.1 i.e. replacement level fertility.² Thus more efforts need to be put in these states.

Objectives of the study :

To assess the unmet need of family planning and the factors influencing the unmet need among married women.

To find out association between unmet need of family planning and factors influencing unmet need.

Materials and Methods :

A descriptive survey was conducted among 280 married women between the age group of 18-45 years residing in rural areas of Lucknow district from (July 2017-May 2019) and in Dept. Of Community Medicine, Career Institute of medical sciences, Ghaila, Lucknow. Samples were selected by using non probability purposive sampling technique. Self-administered structured questionnaire was used to collect data. The background information of the sample were collected by using demographic proforma and factors influencing unmet need assessed by using structured questionnaire.

Results:

Table 1 : Distribution of sample characteristics :

Most (29.3%) of the samples were in the age group of 31-35 years; educated up to secondary education (37.9%). Majority (61.1%) of the sample were housewives; (87.9%) were Hindus; (56.7%) were having two children and 52.1% had monthly income between Rs 3001-6000. Majority (60%) of the samples had heard about family planning from health workers.

Fig 1 : Description of unmet need of family planning: Among 280 samples about 165(59.%) were using different family planning methods and 115(41%) were having the unmet need.

Table 2: Distribution of type of unmet need of family planning.

Data represented in table show that among 115 women with unmet need, 67.8% do not want any more children but they are not using family planning measures so they are having unmet need for limiting. About 32.2% wanted children but like to postpone it and are not using family planning measures, so they are having unmet need for spacing. From this it is inferred that unmet need for limiting is more among women than spacing.

Table 3 : Association between unmet need and factors influencing unmet need of family planning.

The study revealed that there was a significant association between unmet need and fertility related reasons ($\chi^2=4.723$, $p=0.03$). There is no significant association between unmet need and other variables factors. Hence it is inferred that unmet need is dependent on fertility related reasons and independent on other factors.

Table : 1 Frequency and percentage distribution of sample characteristics. n=280

Sample characteristics	f	%
Age in yrs		
<20	5	1.8
21-25	34	12.1
26-30	70	25
31-35	82	29.3
36-40	51	18.2
41-45	38	13
Educational status		
Illiterate	14	5
Primary school	95	33.9
Secondary school	106	37.9
PUC	27	9.6
Graduate	30	10.7
Post graduate	8	2.9
Religion		
Christian	8	2.9
Hindu	246	87.9
Muslim	26	9.3
Sample characteristics	f	%
Type of family		
Joint	123	43.9
Nuclear	157	56.1
Monthly income(Rs)		
<3000	26	9.3
3001-6000	146	52.1
6001-9000	95	33.9
>9000	13	4.6
Occupation		
Coolie	61	21.8
House wife	171	61.1
Private employee	36	12.9
Govt employee	12	4.3

No. of living children		
1	82	29.3
2	159	56.8
3	30	10.7
>3	82	29.3
Source of information		
Health workers	168	60
Family members	15	5.4
Friends	12	4.3
Mass media	83	29.4
Others	2	0.7

Table 2: Distribution of type of unmet need of family planning among study population :n=115

Type of unmet need	f	%
Spacing	37	32.2
Limiting	78	67.8

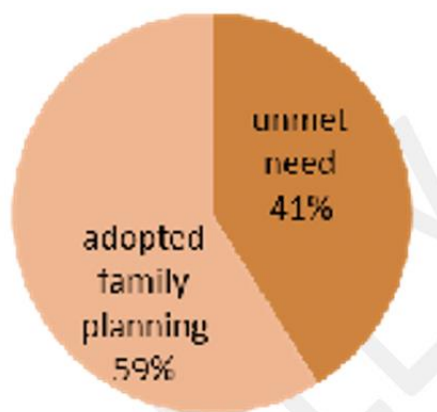


Fig. 1: Description of unmet need of family planning

Table 3: Association between unmet need and factors influencing unmet need of family planning, n=115

Factors influencing	Unmet need	χ^2 value	df	P value	
	Spacing	Limiting			
Lack of knowledge			0.214	1	0.643
Yes	9	16			
No	28	62			
Religious restriction					
Yes	14	22	1.083	1	0.298
No	23	56			
Husband's disapproval					
Yes	12	24	0.032	1	0.857
No	25	54			
Non availability					
Yes	12	16	1.936	1	0.164
No	25	62			

Objection to family planning					
Yes	15	32	0.002	1	0.961
No	22	46			
Health concerns					
Yes	21	40	0.302	1	0.583
No	16	38			
Fear of side effects					
Yes	14	36	0.706	1	0.041
No	23	42			
Difficulty with use					
Yes	11	31	1.085	1	0.291
No	26	47			
Unsatisfactory services					
Yes	7	21	0.873	1	0.350
No	30	57			
Fertility related reasons					
Yes	26	38	4.723	1	0.03*
No	11	40			

*significant at <0.05 level of significance

Discussion

The present study shows that 41.1% of the samples were having unmet need, in this 67.8% have unmet need for limiting and 32.2% have unmet need for spacing. This was supported by a study conducted by Puri A, Garg S to find the unmet need for contraception in Delhi. The study reveals that 49.8% women had unmet need and in that 22.6% had unmet need for spacing and 27.2% had unmet need for limiting. Another study conducted by Cali S, Kalaca S, Sariyaka O reveals that about 43% of the samples were having unmet need in that 62% were having unmet need for limiting and 27.3% for spacing which is in agreement with the present study findings.⁷ The present study reveals that majority (55.7%) were not using family planning because of fertility related reasons, 43.5% due to fear of side effects and 24.3% due to unsatisfactory services. This was supported by a study conducted by Govindaswamy P and Boadi E to find the unmet need in Ghana. The study shows that most (34.6%) of samples were not using contraception due to fertility related reasons.⁸ Another study conducted by Rama R, Ghosh M, Battacharya S, Halder A, Chatterjee C, Naskar N with an aim to identify the factors influencing unmet for family planning in Calcutta. The study shows that 25.5% of samples reason for not using contraceptive is fear of side effects and 27.5% unsatisfactory services.⁹ The present study shows a significant association between unmet need and fertility related factors ($\chi^2=4.723$, $p=0.03$) and no association was found between unmet need and lack of knowledge, religious restriction, availability, husband's disapproval, health concerns. Thang MN, Anh DN conducted a study to assess the accessibility and use of contraceptive among 5,310 married women of reproductive age in Vietnam. The study revealed that unmet need for family planning was 78.9% and there was a significant association between availability and contraceptive use (95% CI, OR-0.5) which is contradictory to the present study findings.¹⁰

Conclusion:

Unmet need is still prevalent in the rural areas of Lucknow district. 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 need.

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