



Original article

Unmet need of contraception among married women of reproductive age group in Uttar Pradesh, India

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ABSTRACT

Background: Unmet need for family planning is an important indicator for assessing the potential demand for family planning services. 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 unmet need for family planning. **Materials and Methods:** The study was a community based cross sectional study; it was conducted in the rural and urban field practice areas of Department of Community Medicine, Jawaharlal Nehru Medical College, Aligarh, Uttar Pradesh. Ever married women in the age group of 15- 49 years were surveyed and their reproductive behaviour was studied. Statistical analysis was done applying the chi- square test. **Results:** The prevalence of unmet need for FP was 25.9%, with spacing as 6.3% and limiting as 19.6%. The major reasons for unmet need for FP among were 28.1% perceived little risk of pregnancy, 22.9% were not using contraception because they were breast feeding, and 10% were not using contraception because their husband or family opposed it. Women's Age, caste, number of living children, poor inter-spouse communication were found to be associated with high unmet need for Family Planning. **Conclusion :** The study shows that the unmet need was higher among younger, illiterate, muslim women, women from scheduled and backward class and those having three to four living children. Unmet need was also higher among those women who had never discussed family planning with their husbands.

KEYWORDS: Unmet Need; Family Planning, reproductive age group

INTRODUCTION

With the population of one billion (May 11, 2000), India is the second most populous country in the world, next to China [1]. With only 2.4% of world's land area, India is supporting about 16% of world's population. The large momentum for continued growth of population is because 45% of women in India today are in reproductive age group of 15-49 years. These alarming statistics stem not only from an early start of reproduction, but also from large unmet need for contraception [2].

The concept of unmet need points to gap between some women's reproductive intention and their contraceptive behaviour. The National Population Policy 2000 (Ministry

of Health and Family Welfare, India) in addition to reiterating the need to stabilize population and to reduce the total fertility rate to replacement levels by 2010 has accorded priority to fulfil the unmet need for contraception. Since the concept emphasizes the need to concentrate on women who already have expressed the desire to limit or postpone child bearing, it has special significance in the context of client centered, women-oriented Reproductive and Child Health (RCH) approach adopted by India and other developing countries after International Conference on Population and Development (ICPD) held at Cairo in 1994.

Formulation of effective strategies to address this issue depends to a large extent on our understanding of the nature of unmet need and the factors that lead to variations in the extent of unmet need in different populations [3].

The concept of unmet need was developed by Westoff in 1978 and has been refined several times[4]. Unmet need is a valuable indicator for national family planning programmes because it shows how well they are achieving a key mission: meeting the population's felt need for family planning[5]. Today, the main tool for measuring unmet need is the Demographic and Health Survey (DHS), which has been conducted in 55 countries—often more than once. In the DHS, women ages 15 to 49 are asked whether they would like to have a child (or another child) and if so, how soon, or whether they would prefer not to have any (more) children. To derive a figure for unmet need, analysts link these responses with whether the women are able to become pregnant and whether they are currently using contraception. The calculation of unmet need is complex and can vary slightly depending on which categories of women are included in the definition[6]. Once derived, the figure can be broken down into unmet need for spacing (women who want a child after two or more years) and unmet need for limiting (women who want no more children)

Not many available published community based studies have assessed the unmet need of Family Planning in the urban and rural areas of Aligarh District in Uttar Pradesh. It is against this background that the present study was conducted with the objective of determining the prevalence of unmet need for Family Planning and the reasons associated with it among married women of reproductive age in Aligarh.

MATERIALS AND METHODS

A community based cross-sectional study was conducted in the field practice areas of urban and rural health training centers of Department of Community Medicine, Jawaharlal Nehru Medical College, Aligarh, Uttar Pradesh, India. A preformed and pre tested structured interview schedule was used for the study which was administered by the researcher to the women. The entire survey was conducted by a team of researcher and medico social worker. The proforma was divided into 2 sections;

The first section contained baseline information about the woman and her family which included age, religion, caste educational status, education, social class, type of family, age at marriage, number of years of married life, number of children, obstetric history of the woman etc. Assessment of socioeconomic status was done by using the modified BG Prasad's classification[7]. For the purpose of depiction of data social class II and III were clubbed and are depicted as middle class and social class IV and V depicted as low class.

The second section contained questions for Assessment of unmet need and reasons for it. Probing questions were not asked to women whose husbands were not alive or who were separated from their husbands. Regarding practices related to family planning, the woman was asked methods of contraception she is currently using and methods she had ever used during her lifetime. Current use of contraception was defined as currently married women age 15-49 years

who are currently using a contraceptive method or whose husbands are using a contraceptive method[8].

The unmet need group includes all fecund women who are married or living in union and thus presumed to be sexually active—who are not using any method of contraception and who either do not want to have any more children or want to postpone their next birth for at least two more years. Those who want to have no more children are considered to have an unmet need for limiting births, while those who want more children but not for 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 postpartum are considered to have an unmet need if their pregnancies were unintended. Women who became pregnant unintentionally because of contraceptive method failure are not considered to have an unmet need[9]. The study was approved by the institutional ethical committee prior to its commencement.

Data collection

On the basis of the household size in district Aligarh the average number of ever married women in the age group 15-49 years was two. To study 718 women the number of household to be covered was 359. Taking non response into account the number of households covered were 396. The households in the field practice areas were selected according to probability proportional to size. Systematic random sampling was subsequently done in the respective areas taking into account the calculated sampling interval for each village or urban locality. If the woman was not found in the household, next household was included in the study. Informed consent was taken from the woman prior to the interview. All eligible women in the household were included in study. The study was conducted over a period of 12 months from August 2007 to July 2008.

Sampling method: The sample size for the study was estimated using the Couple protection rate as an indicator of prevalence of contraceptive practice in a population. Sample size was calculated according to couple protection rate of Uttar Pradesh, which was around 38% [10] using the formula $4pq/L^2$. The estimated sample size determined for the study was 718.

Inclusion criteria: Ever married women in the age group 15-49 years present in the household and who gave consent for the interview were included in the sample.

Exclusion criteria:

Unmarried women in household, visitors and women not giving consent for interview were excluded from the study.

Data analysis: Data compilation, tabulation and analysis was done using statistical software, SPSS version 16. The data collected was analyzed using frequencies and percentages, Chi square test was used to test the significance of association.

RESULTS

Of the 718 married women, 186 had an unmet need for FP. The prevalence was 25.9 % in the study area of Aligarh. The

unmet need for spacing was found to be 6.3% and 19.6% for limiting of births. (Table 1)

Table 1: Ever married women in specified need category (N=718)

Category of need	Frequency(n)	Percent (%)
Unmet need	186	25.9
For limiting	141	19.6
Do not want more children	130	18.1
Unwanted pregnancy	11	1.5
For spacing	45	6.3
Do not want children for next 2 years	25	3.5
Unplanned pregnancy	20	2.8
Met need	313	43.6
No need*	219	30.5
Total	718	100.0

*For women whose husbands are not alive / sub fecund / In fecund / menopausal / had hysterectomy / not cohabiting with their husbands or want more children (intenders)

In the study population majority (47.8%) of the women were in the age group of 20-29yrs. The sample had 57.2% Hindus and 42.3 Muslims. Most women were from the general caste category (45.4%) but the sample also had women belonging to backward classes (33.7%) and scheduled castes (20.9%). Literacy status of these women was poor and a large proportion of them were illiterate (58.8%). Women were largely from the low socio-economic class (84.8%).

Among the determinants of unmet need for Family Planning women's Age, caste, number of living children, poor inter-spouse communication had a significant association as shown in Table 2; Unmet need was highest (29.8%) among those aged between 25 and 29 years, It was seen that unmet need decreased as age advanced.

Table 2: Determinants of unmet need for family planning

Variables	unmet need		Test of significance
	number	Percentage(%)	
Area wise			
Rural	122	24.5	$\chi^2 = 0.218, df=1, p>0.05$
Urban	64	29.0	
Age groups			
15-19	8	18.6	$\chi^2 = 22.360, df=6, p<0.001$
20-24	44	28.4	
25-29	56	29.8	
30-34	35	28.7	
35-39	17	17.7	
40-44	14	23.3	
45-49	12	22.2	
Education of Woman			
Illiterate	119	28.2	$\chi^2 = 5.319, df=3, p>0.05$
Primary	19	20.2	
Secondary	37	22.6	

Graduate and above	11	28.9	
Religion			
Hindu	98	23.8	$\chi^2 = 0.578, df=1, p>0.05$
Muslim	87	28.6	
Christian	1	33.3	
Caste			
General	73	22.4	$\chi^2 = 12.995, df=2, p<0.05$
Scheduled caste	43	28.7	
Other backward class	70	28.9	
Number of living children			
No children	3	5.5	$\chi^2 = 118.504, df=3, p<0.001$
1-2 children	55	23.7	
3-4 children	83	31.9	
≥5 children	45	26.3	
Inter-spouse communication			
No	42	32.3	$\chi^2 = 6.896, df=1, p<0.05$
Yes	144	24.5	

Table 3 shows 28.1% women reported the reason for non use of contraceptives was little perceived risk of pregnancy, 22.9% were not using contraception because they were

breast feeding, and 10% were not using contraception because their husband or family opposed it.

Table3: Reasons associated with unmet need

Reasons	Frequency(n)	Percent (%)
Fertility related reasons		
Infrequent sex/ Husband away	4	1.6
Postpartum/breastfeeding	57	22.9
Wants more children	5	2.0
Want a male child	13	5.2
Little perceived risk of pregnancy	70	28.1
Opposition to use		
Opposition by husband / family	23	9.2
Against religion	3	1.2
Low age of child	2	0.8
Lack of knowledge		
Knows no method/ source	4	1.6
Method related reasons		
Health concerns	19	7.6
Hard to get method	25	10.0
Attitude of woman		
Negligent attitude	17	6.8
Other	7	2.8
Total	249*	100

DISCUSSION

The prevalence of unmet need in a community based cross-sectional study done at Tamil Nadu was 39%, with spacing as 12% and limiting as 27% [11] A study conducted in rural area of Maharashtra found that 27.7% of the respondents had unmet need for family planning[5].

In a study conducted in the state of West Bengal 13.6% of currently married women of reproductive age group (15–49 yrs.) experienced unmet need for contraception[12]. The extent of unmet need among married women of reproductive age group was 53.1% in a study done in four urban slums of Lucknow[3].

DLHS-2 reported 21% of currently married women in India have an unmet need for family planning [13]. The present observations are on slightly higher side as women in their study sample were from 15-44 years although women in the present sample also included women from 45-49 years. NFHS-3 however reported a lower figure of 13% than the present study [8].

Reasons associated with unmet need, may be related to fertility or to method related problems or due to opposition from husband and family or due to lack of information and access. Some studies show that unmet need is a function of a woman's background such as income level, degree of autonomy in functioning etc; on her child bearing experiences, her level of education and exposure, and also program factors.

The major reason for unmet need for Family Planning in the study conducted by Malini M et al 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. Higher education, late marriage, more than the desired family size, poor knowledge of FP, poor informed choice in FP and poor male participation were found to be associated with high unmet need [11]. Dabral and Malik in their study found that among never users two-fifth mentioned the desire to have more children, 10% reported that they are not using because they are menopausal, One in six women mentioned opposition of their husband. Other minor reasons that are cited for not using contraceptives are health related problems, afraid of sterilization and worry about side effects. About 11% women are not interested in family planning. The present findings indicate more or less similar reasons as reported by the above workers [14].

Findings of DLHS-2 reported reasons mentioned by 14% women for not using contraceptives for current non-users was due to opposition to family planning. Health was another reason (13 %), difficult to become pregnant (6 %), religious reasons (5 %), afraid of sterilization (5 %) and lack of knowledge about family planning methods (4 %). Nearly two-fifth of the women reported other reasons for currently not using the contraception[13].

CONCLUSION

The study shows that the unmet need was higher among younger, illiterate, muslim women, women from scheduled

and backward class and those having three to four living children. Unmet need was also higher among those women who had never discussed family planning with their husbands.

RECOMMENDATIONS

The need for practising birth control and actively promoting the small family norm as a basic strategy to solve the multi faceted problems of the country is relevant in the prevailing situation in India. Intervention to accelerate the process of fertility decline in the high population growth areas of the country through well planned and efficient family planning programme is very crucial. On the basis of the observations of the present study the following can be recommended:

- Attention should be paid for ensuring universal adherence to the legal age for marriage/cohabitation.
- Special efforts should be made to encourage men to take responsibility for family planning in the context of the importance of having their support for the program in a male dominated society.
- Contraceptive decisions, especially of young couples, are often influenced by decision makers in the family and community, especially elders. Therefore, elder decision makers should also be factored in the design of programmes to address the unmet need.
- Satisfying people's various contraceptive needs requires a range of contraceptive methods. More the contraceptive methods available in the country lower the levels of unmet need.
- The current basket of contraceptives should be expanded to include lower dose Oral Contraceptive Pills, and other long acting spacing products after appropriate field testing/clinical/acceptability trials and they should be escorted to acceptance. New contraceptives must be added to the programme by including proven technologies but arrangements should exist side by side for informed choice, follow up and counselling.

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