

Unmet Need for Family planning methods in a Rural Settings: A Cross Sectional Study

Kavita Choudhary*, Kirti Shekhawat, Rakesh Kumawat

Department of Community Medicine, Sardar Patel Medical College, Bikaner, Rajasthan, India.

Correspondence Address: * Kavita Choudhary, Room no. 69, resident doctor's hostel, PBM Hospital campus, Bikaner, Rajasthan-334003, India.

Abstract

Introduction: The unmet need for family planning in India is 20.5%; in Rajasthan 16.9% and in Bikaner it is 16.5% (DLHS 3). The unmet need contributes to unintended pregnancies which in turn lead to either unwanted births or abortions. All unintended pregnancies can be prevented by transforming unmet need into felt need and subsequently met need. **Objectives:** (1) To find out unmet need of family planning methods in reproductive age group (15-49 years) women (2) To find out factors affecting the unmet need of family planning methods. **Study Design:** Cross sectional study. **Study period:** May2014-Sept 2014. **Study Area:** RHTC, Udairamsar, Bikaner. **Sample size:** 260 women of reproductive age group. **Study tool and data collection:** Semi structured pretested questionnaire. **Data analysis:** by Proportion, Mean, SD, χ^2 (chi-square). **Result:** 31.15% of population had unmet need for family planning methods. The significant factors associated with unmet need of family planning methods were women's age, literacy, type of family, husband' occupation, Socio-economic status, exposure to mass media. **Conclusion:** Improved access to mass media and improvement in women's literacy can decrease the unmet need of family planning methods.

Keywords: Unmet need, Unintended pregnancy, Reproductive age

Introduction

The unmet need for family planning in India is 20.5%; in Rajasthan 16.9% and in Bikaner it is 16.5% (1). The unmet need contributes to unintended pregnancies which in turn lead to either unwanted births or abortions. Unmet need for family planning, broadly defined as the number of women who want to avoid or postpone a pregnancy but are not using any method of contraception. Overall, 11% of women in developing countries report an unmet need for family planning. Among the least developed countries, unmet need for family planning is reported by one

in four women in the reproductive age group of 15–49 years (8). Women will continue to face unintended pregnancies as long as their family planning needs are not met. In developing countries, about one in six married women faces an “unmet need” for family planning— they prefer not to become pregnant but are not using any form of contraception (6).

Unmet need is measured with the Demographic and Health Survey (DHS) and other large, national household surveys, in which married women ages 15 to 49 are asked about their childbearing preferences

and their use of contraceptives. (It should be noted that these surveys often do not measure the contraceptive needs of unmarried women or women who are not satisfied with the contraceptive method they are using.) According to surveys in developing countries, women who said they did not want to become pregnant cited various reasons for not using contraception. The most common was that they didn't think they could get pregnant because they were having sex infrequently, were in menopause, or were breastfeeding. Other reasons were: Opposition to family planning by the woman, her husband, or others; Problems with contraceptive methods, including side effects and health concerns, and, to a lesser extent, cost and access and lack of knowledge about methods or where they could get them.

Despite the vigorous government's efforts the unmet need for family planning is still very high in India.

The present study was conducted to find out unmet need of family planning methods in reproductive age group (15-49 years) women and factors affecting the unmet need of family planning methods in rural area.

Materials and methods

It was a community based Cross-sectional study in the RHTC, Udairamsar which is a rural field practice area under the department of Community Medicine. Sample size was calculated using the 20% prevalence of unmet need (DLHS 3) and assuming a 5% absolute error and 95% confidence interval. The calculated sample size was 256 but we made it 260 to the nearest round figure. A simple random technique (Random number table) was used to find out the first household for the survey. Starting from the first household all the houses were surveyed till the desired sample size was achieved. If more than one women of reproductive age group were found in any household they were also included in the study. A house to house survey was done for

the duration of 4 months with the help of interns posted in the department, ANMs and ASHA's. Each woman was explained about the study and after getting consent; pretested semi structured questionnaire was administered and the relevant information were collected. Then the data were entered in Microsoft excel and were analyzed and chi-square test was used for finding associations and P-value of less than 0.05 was considered to be statistically significant.

Results

The prevalence of unmet need was 31.15% (81 women of reproductive age group). Among them 34.6% (28 women) had unmet need for terminal methods as they have completed their families and remaining 65.4% (53 women) had unmet need for spacing methods. The Table 1 shows the factors affecting the unmet need of family planning.

Unmet need for family planning was significantly associated with age of the woman. Younger women had higher unmet need as compared to the older women. Muslims had higher unmet need as compared to Hindus but the association was statistically not significant. Women living in Joint families had higher unmet need as compared to those in nuclear families and the association was statistically significant. Significant association was found between women's literacy and unmet need of family planning. Illiterate women had higher unmet need as compared to literate women.

Husband's occupation also had a significant association with unmet need for family planning. Unemployed & semiskilled group had higher unmet need as compared to professionals. Statistically significant association was found between socio-economic status and unmet need for family planning. According to modified BG Prasad classification (2014) those women who belong to lower class had higher unmet need as compared to higher class. Statistically significant association was found between

exposure to mass media and unmet need. Those who exposed to mass media had lower unmet need as compare to those who unexposed. Table 2 shows the reasons for

non use of contraceptives. The most common reason was fear of side effect followed by lack of motivation.

Table 1: Factors affecting the unmet need of family planning.

Variables	Unmet need		Chi-Square test	P value
	Yes (%)	No (%)		
Age			$\chi^2 = 6.521$	0.03*
15-30	50 (38.4%)	80 (61.6%)		
31-40	19 (23.1%)	63 (76.9%)		
41-49	12 (33%)	36 (66%)		
Religion			$\chi^2 = 3.017$	0.08
Hindu	56 (28.1%)	143 (71.9%)		
Muslim	25 (40.9%)	36 (59.1%)		
Type of family			$\chi^2 = 4.557$	0.03*
Nuclear	59 (28%)	152 (72%)		
Joint	22 (44.9%)	27 (55.1%)		
Women's education			$\chi^2 = 13.386$	0.005**
Illiterate	40 (42.5%)	54 (57.5%)		
Up to primary	22 (32.4%)	46 (67.6%)		
Up to secondary	13 (16.7%)	65 (83.3%)		
Higher secondary and above	6 (30%)	14 (70%)		
Husband's occupation			$\chi^2 = 6.958$	0.03*
Unemployed & Unskilled	42 (40.4%)	62 (59.6%)		
Skilled	24 (24.2%)	75 (75.8%)		
Semi-Professional & professional	15 (26.3%)	42 (73.7%)		
Socio-economic status			$\chi^2 = 10.932$	0.004**
I&II	12 (21%)	45 (79%)		
III	26 (25.2%)	77 (74.8%)		
IV&V	43 (43%)	57 (57%)		
Exposure to mass media			$\chi^2 = 24.739$	0.000**
Yes	23 (17%)	112 (83%)		
No	58 (46.4%)	67 (53.6%)		

Table 2: Reasons for non use of contraceptives.

Reasons	Frequency (%)
Unaware of need & infrequent sex	10 (12.3%)
Lack of motivation	13 (16%)
Partner does not like	5 (6.2%)
Fear of side effects	17 (21%)
Assumes that family planning methods also fail	7 (8.6%)
Religion does not allow	11 (13.6%)
Husband abroad	3 (3.7%)
Don't know from where to get	11 (13.6%)
No response	4 (5%)
Total	81 (100%)

Discussion

In present study the prevalence of unmet need was 31.15% and nearly the same results (35%) were found by Vohra Rajaat et al (2014) in their study in Jaipur (9). Higher unmet need (44.1%) was found by Harsha M Solanki et al (2013) in their study in Maharashtra (7); Pravin N Yerpude et al (2013) (38.5%) (10) and Lekshmy AR et al (2014) in Karnataka with 41.1% of unmet need (4). Lower unmet need (20.5%) was found by Beena H patel et al (2014) in their study in Western part of India (5) and also by Amit Kumar, Aditya Singh (2103) in Bihar (25%) (2). In present study statistically significant association was found in age, type of family, women's education, husband's occupation, socioeconomic status and unmet need. Younger women had higher unmet need and this could be due to the fact that younger age group is reproductively most active group and may be attributed to lack of motivation and decision making among these younger women for accepting contraceptive measures either to postpone pregnancy or to complete the family. Similar finding were found by Vohra Rajaat et al (2014) (9), Beena H patel et al (2014) (5) and by Srivastva Dhiraj Kumar et al (2011) (3). Socioeconomic status was also found to be statistically associated with unmet need in many studies (9, 7) and this could be explained by the fact that they could have better access to the contraceptive methods. The main reasons for unmet need was also nearly similar in many studies (9, 7) including the present study. Exposure to mass media was significantly associated with unmet need in present study and the same was found by other studies (9, 3) and this could be explained by the fact that those who were exposed to mass media were more informed and more aware about the contraceptive availability and use.

Conclusion

Unmet need is still prevalent in rural areas

of Bikaner district. Field staff should be trained to provide an informed choice by cafeteria approach to the rural women to reduce the unmet need for family planning. Improved access to mass media and improvement in women's literacy can further decrease the unmet need of family planning methods.

Conflict of interest

None to declare

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