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UNMET NEED FOR CONTRACEPTION: COMMUNITY BASED CROSS SECTIONAL STUDY FROM RURAL WARDHA.

Community Medicine

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ABSTRACT

Background: Worldwide millions of sexually active women want to avoid pregnancy but not using contraception, these women are defined to have unmet need for contraception. This concept of unmet need points the gap between women's reproductive intention and their contraceptive behaviour. So this study intended to find out magnitude and determinants of unmet need for contraception among married women of age group of 15-49 years in rural area.

Methods: Community based cross sectional study was carried out among 225 currently married women of reproductive age group using simple random sampling. Data was collected using pretested, predesigned questionnaire.

Results: Total unmet need for contraception was 14.2% with spacing 10.2% and limiting 4.0%. In bivariate analysis, females having only female child in the family, female without autonomy and female having no discussion with husband regarding contraception had higher odds of unmet need for contraception. In multivariate analysis, adjusting for all the variables, no Knowledge of contraceptive methods, no child in the family, no discussion with husband regarding contraception were significant predictors of unmet need for contraception.

Conclusions- Male involvement in family planning is necessary to increase the discussion between husband and wife. Autonomy of women should be address in the form of their involvement in household decision making process; in health related decision and making them enable to spend on their own decision.

KEYWORDS

Unmet Need, Community Based Cross Sectional Study

Introduction: International Conference on Population and Development in Cairo (Egypt) in 1994 also focused on women's reproductive Rights and reproductive Health and family planning program should ensure that people have information about full range of safe and effective contraceptive methods and access to reproductive choices.[1] Family planning not only improves health outcomes but also helps in economical growth of family, society and finally country. So this right has been incorporated in Millennium development goal 5 as well as in sustainable development goal 3.7 to ensure universal access to reproductive health care services.[2,3]

40% births that occurred globally were unintended posing risk to millions of women. One particularly harmful consequence of unintended pregnancies is unsafe abortion.[4] According to the National Family Health Survey-3 (2005-2006), nearly 21% of the pregnancies are either unwanted or mistimed.[5] As per DLHS-4 report, 1.9% of total pregnancies resulted in induced abortion in rural area of Maharashtra.[6] Two important reasons for seeking abortions were desire to limit family size and to space birth, which highlights gap between reproductive intention and contraceptive behaviour called as unmet need for contraception. Data from National Family health survey-4 (NFHS-4) showed that among currently married women, 12.9% women had unmet need for contraception at national level. Out of them 5.7% women had unmet need for spacing and 7.2% women had unmet need for limiting.[7] As per DLHS4, unmet need for family planning in Wardha district was 13%. It includes 8.2% need for spacing and 4.8% need for limiting births.[6]

So this study intended to find out magnitude and determinants of unmet need for contraception among married women of age group of 15-49 years in rural area.

Methods: Community based cross sectional study was carried out among 225 currently married women of reproductive age group from villages under two sub centers of primary health center in field practice area of Dept of Community Medicine at Mahatma Gandhi Institute of Medical Sciences (MGIMS), Sewagram over a period of one year considering unmet need for contraception for Wardha district 13% as per District level household survey (DLHS-4).[6] Widows, divorced and Separated women were excluded from study. Currently married women of reproductive age group, living with their husband and who gave consent for participation in study were included in study. 225 women were selected using simple random sampling method and face to face interviews were done using pretested, predesigned questionnaires based on National family health survey-4. All the collected data was entered in excel sheet and analyzed using **EPI Info 7** software. The characteristics of women were expressed as frequencies (%). Demographic health survey algorithm was used to calculate magnitude of unmet need for contraception.[8] To study the determinants of unmet need for contraception, bivariate and multivariate analysis were done. The strength of association was expressed as Odds Ratio (OR) with its 95% confidence intervals.

Results:

Table 1: Distribution of women's characteristics

Most (40.4%) of the women were in the age group of 20-24 years, 41.3% educated upto higher secondary, 63.6% were housewives, 60.0% belonged to OBC, 55.1% were from joint family, 44.4% belonged to lower middle class, 25.3% had both male and female child, 75.1% had autonomy to speak in household decision & to spend money on own decision, 83.1% had knowledge regarding contraceptive methods, 51.6% were using contraception, 75.9% opted for female sterilization, 77.3% had discussion with their husband regarding contraception.

Table 1: Distribution of women's characteristics

Women's characteristics	Frequency	Percentage (%)
Age in years		
15-19	1	0.4
20-24	91	40.4
25-29	74	32.9
30-34	34	15.1
35-39	9	4
40-49	16	7.1
Educational status		
Illiterate	4	1.8
Primary	14	6.2
High school	83	36.9
Higher secondary	93	41.3
Graduate and above	31	13.8
Occupational status		
Unemployed/ housewives	143	63.6

Laborer	35	15.5
Farmer	27	12.0
Service	13	5.8
Business	7	3.1
Family type		
Joint	124	55.1
Nuclear	101	44.9
Caste		
Open	4	1.8
OBC	135	60.0
SC	38	16.9
ST/NT	48	21.3
Socio-economic status		
Upper class	2	0.9
Upper middle class	25	11.1
Middle class	55	24.4
Lower middle class	100	44.4
Lower class	43	19.1
Children		
No child	43	19.1
Only female	66	29.3
Only male	59	26.2
Both male and female	57	25.3
Autonomy of women		
Autonomy	169	75.1
No autonomy	56	24.9
Knows Method of contraception (n=225)		
Yes	187	83.1
No	38	16.9
Contraceptive method use (n=225)		
Yes	116	51.6
No	109	48.4
Contraceptive methods preferred (n=116)		
Oral Pills	2	1.7
IUD	4	3.4
Injectable	1	0.4
Male condom	19	8.4
Tubectomy	88	75.9
Vasectomy	2	1.7
Discuss with husband		
Yes	174	77.3
No	51	22.7

Figure 1: Flow chart showing distribution of women according to unmet need for contraception

14.2% participants had unmet need for contraception, 10.2% had unmet need for spacing and 4.0% had unmet need for limiting. 51.6% had met need for contraception and total demand for contraception was 65.8%.

Figure 1: Flow chart showing distribution of women according to unmet need for contraception

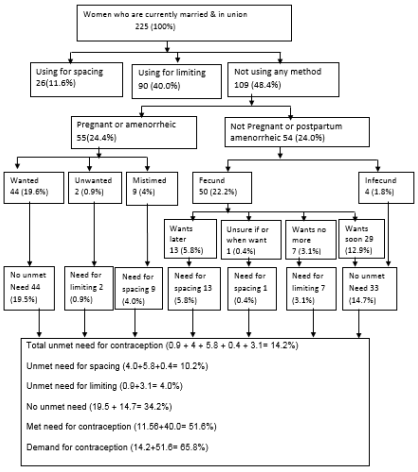

Table 2: Factors influencing unmet need for contraception

Female with only female child in the family, female with no autonomy, female having no discussion with husband regarding contraception had higher odds of having unmet need for contraception.

Particulars	Unmet need for contraception		OR (95% CI)	p -value
Age group	**Yes**	**No**		
15-24 yrs*	14 (15.2)	78(84.8)	4.3 (0.53-34.47)	0.14
25-29 yrs	13 (17.6)	61(82.4)	5.1 (0.63-41.27)	0.09
30-34 yrs	4 (11.8)	30(88.2)	3.2 (0.33-30.54)	0.29
≥35 yrs**	1 (4.0)	24(96.0)	1	
Education status				
Illiterate	1 (25)	3 (75)	0.96 (0.08-10.58)	0.97
Primary school	3 (21.4)	11 (78.6)	0.78(0.17-3.54)	0.75
High school	9 (10.8)	74 (89.2)	0.34 (0.12- 1.01)	0.05
Higher secondary	11 (11.8)	82 (88.2)	0.38(0.14- 1.07)	0.06
Graduate & above	8 (25.8)	23 (74.2)	1	
Family type				
Joint	22 (17.7)	102 (82.3)	1.96 (0.88- 4.36)	0.09
Nuclear	10 (9.9)	91 (90.1)	1	
Children				
No child	2 (4.6)	41(95.4)	0.88 (0.14-5.49)	0.89
Only female child	20 (30.3)	46 (69.7)	7.82 (2.18-28.02)	**0.0004**
Only male child	7(11.9)	52(88.1)	2.42 (0.59-9.87)	0.20
Both children	3 (5.3)	54 (94.7)	1	
Autonomy of women				
Yes	18 (9.5)	151 (90.5)	1	
No	14 (19.1)	42 (80.9)	2.79 (1.28-6.08)	**0.007**
Knowledge of contraceptive methods				
Yes	26 (13.9)	161 (86.1)	1	
No	6 (15.8)	32 (84.2)	1.16 (0.44-3.05)	0.76
Discussion with husband				
Yes	6 (3.4)	168 (96.6)	1	
No	26 (51.0)	25(49.0)	29.12 (10.91-77.75)	**0.000**

Table 3: Multivariate analysis

No knowledge of contraceptive methods, no child in the family and no discussion with husband regarding contraception were significant independent predictors of unmet need for contraception.

Particulars		Adjusted OR	95% CI	p-value
Occupation of women	Working women	1		
	Nonworking women	0.26	0.06-1.11	0.07
Knowledge of contraceptive methods	Yes	1		
	No	11.05	1.86-65.79	**0.008**
Children	Both children	1		
	Only female child	2.17	0.38-12.55	0.39
	Only male child	0.48	0.07-3.34	0.46
	No children	0.01	0.00-0.12	**0.001**
Discussion with husband regarding contraception	Yes	1		
	No	201.01	36.87-1095.82	**<0.001**

Discussion:

The present study showed 14.2% women had unmet need for contraception which was slightly higher than seen in DLHS-4 data. In present study total unmet need for contraception was highest in 20-24 years age group and then goes on decreasing. Similar results were found in study done by Ansari et al in Rajapur wherein unmet need for contraception was highest in 20-24 years of age group.[9] In present study unmet need for contraception was increasing with higher educational status. But it was not significantly associated with

educational status. Tapare et al showed the similar results wherein education of women not significantly affected unmet need.[10] Unmet need for contraception was more in joint family than nuclear family although the difference was statistically not significant. Study conducted by Solanki et al in similar setting found that family type was not significantly affected the unmet need for contraception.[11] The cross sectional study done by Choudhary et al in Haryana et al found the similar findings.[12] In present study unmet need for contraception was 7.82 times higher among women with only female child compared to women with both children. The difference was statistically significant. The results are comparable with study done by Barman.[13] Prusty et al observed the similar findings where women having more than two sons were more likely to use contraception.[14] In present study unmet need for contraception was 2.79 times higher in women with no autonomy than women with autonomy. This was supported by study done by Kisaakye et al.[15] Oginni et al observed the dissimilar results wherein unmet need was more in women having autonomy for spending personal earnings.[16] In present study unmet need for contraception was 1.16 times higher in women without knowledge of contraceptive methods. Ahmadi et al also found the similar results.[17] Alemayehu et al also found the similar results in his study done in North Ethiopia.[18] In present study unmet need for contraception was significantly high in women who had not discussed with their husband regarding contraception. This finding was comparable with the study finding of Farooq Ahmad.[19] Saini et al also found that unmet need for contraception was more in women who had not discussed family planning with husband.[20]

In logistic regression knowledge of contraceptive methods, no child in the family and no discussion with husband regarding contraception were significant independent predictors of unmet need for contraception.

Conclusions-

Spacing methods should be emphasized in education as most opted method was found to be tubectomy. If more emphasis is given on gender equity, then unmet need among women having only female child will be decreased. Male involvement in family planning is necessary to increase the discussion between husband and wife. Autonomy of women should be address in the form of their involvement in health related decision and making them enable to spend on their own decision. The present study was done in rural area, so study results are not generalized for urban area. As it was cross sectional study, unmet need for contraception does not reflect over time.

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