



UNMET NEED FOR FAMILY PLANNING AMONG MARRIED WOMEN OF REPRODUCTIVE AGE GROUP IN A RURAL COMMUNITY OF HARYANA

Community Medicine

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ABSTRACT

Background: Unmet need for family planning, refers to the condition in which there is the desire to avoid or post-pone child bearing, without the use of any means of contraception.

Objectives: The objective of the study was to determine the prevalence of “unmet need for FP” and its socio-demographic determinants among married reproductive age group women residing in rural area of district Jhajjar.

Materials and Methods: a community-based cross-sectional study among married women of the reproductive age group, between 15 and 49 years. The sample size required was 900. The simple random sampling method was adopted.

Results: total unmet need was 37%. 15% for spacing & 22% for limiting. Mother's age, education, contraceptive knowledge, desired family size, age at 1st child birth, male participation are found to be significant.

Conclusion: high prevalence of unmet need for Family planning which is more for limiting but is being satisfied. However, need for spacing is less but is least satisfied

KEYWORDS

family planning, contraception, unmet need

INTRODUCTION

India, the second most populous country of the world, harbours 17.5% of the world's population in only 2.4% of the global land mass. Coincidentally it also houses almost 17.3% of the world's protected couples and 20% of world's eligible couples with unmet need. Therefore, large population size of India not only impacts its own but also the global health indicators. Millions of women worldwide would prefer to avoid becoming pregnant either right away or never get pregnant, but are not using any contraception. These women are said to have an “unmet need” for family planning. The concept of unmet need points to the gap between some women's reproductive intentions and their contraceptive behavior. The concept of “unmet need” points to the gap between some women's reproductive intention and their contraceptive behavior.¹ According to National Family Health Survey (NFHS-4) Survey 2015-2016 unmet need for Family Planning was 13% for India² and 9.3% for Haryana³. The challenge for Family Planning Programme is to reach and serve these women. The current FP interventions include: PFP, Fixed day strategy, male participation, and community based schemes through ASHAs viz. Home Delivery of Contraceptives, Ensuring Spacing at Birth, Pregnancy Testing Kits, Family Planning Counselors, Compensation scheme, Family Planning Indemnity Scheme, Public private partnership etc. More married women with unmet need live in India than in any other country – approximately 31 million. While FP needs of the majority of women (86%) who wish to stop childbearing are being satisfied, the needs of women who wish to delay or space childbearing remain largely unsatisfied, (only 30% of these women have their needs met). For this reason, young women are more likely to report an unmet need for contraception. The desire to limit family size and to space births are the main reasons given by the majority of those who seek an abortion, which highlights the huge unmet need for contraception for women in India.⁴ According to NFHS-4 Survey 2015-2016, the unmet need for Family Planning was 13% for India and 9.3% for Haryana.³ The use of spacing methods has remained low over the years. The unmet need of FP was 10.9% for urban areas and 8.3% in the rural areas of Haryana. The prevalence of contraceptive use in Haryana is 64%.³ A community-based study done among married women in a rural settlement in Aurangabad (2001) showed that the prevalence of unmet need was 20%. The main reasons for this were low perceived risk of pregnancy (32.5%), lactation (31%) and ignorance (12%).⁵

Not many available published community based studies have assessed the unmet need of Family Planning in the rural areas of Jhajjar District, Haryana. Against this background that the present study was conducted with the objective of determining the prevalence of unmet need for Family Planning and its socio-demographic determinants among married women of reproductive age in village Dhigal of Jhajjar district.

MATERIALS AND METHODS

A community-based cross-sectional study was conducted in the village dhigal, Jhajjar district, Haryana. According to the 2011 census, 74.61% population of jhajjar lives in rural areas of villages. There were total 17,255 eligible couple in the area. The study was done from December 2016 to May 2017. Data collection was done using a pre-tested structured questionnaire which included the information on Socio-demographic characteristics, Assessment of unmet need and reasons for it, Assessment of contraceptive knowledge, by asking name of any temporary and/permanent methods of contraception, side effects of contraceptive devices available in the area, informed choice in Family Planning, where and how the women get information, whether they know about the cafeteria approach and assessment of male participation in Family Planning. Whether the women discuss Family Planning with their husbands, whether he helps her to choose contraceptive method, whether he has used or opposes the use of any method.

Sampling Technique

The sample size calculated using the formula $4pq/12$ was found to be 900 considering prevalence of unmet need to be 10%. The simple random sampling technique was adopted. Women in the reproductive age group of 15-49 age group who were currently married. (Women who were married, who were not using any method of contraception, but who either did not want any more children or wanted to wait for 2 or more-years-before having another child.) were included. Unmarried women, separated/divorced women, widows, pregnant due to contraceptive failure were excluded from the study. Data for unmet need was assessed by proportions and determinants were analyzed by chi-square test using SPSS Software version 20.

RESULTS

Of the 900 married women, 329 had an unmet need for Family Planning. The prevalence was 37% in the study area [Table 1]. In the study population, the majority were in the age group of 25-29 years which constituted 48.2% of the study population. The educational background of the women showed that 13% were illiterate, 40% had primary education, 20% had middle school education and 27% had degrees/postgraduate degrees. The unmet need for spacing was found to be 15% and 22% for limiting of births [Table 2]. Determinants and reasons of unmet need of family planning is shown in [Table 3 & 4]

DISCUSSION

A cross-sectional study on the prevalence of unmet need for Family Planning among married women of reproductive age group was conducted in the rural area of Dhigal, Haryana. The study also assessed the determinants of unmet need for Family Planning in the

study population. Of the 900 married women interviewed, 329 (37%) had an unmet need for family planning 15% for spacing and 22% for limiting. The NFHS-4 survey for unmet need was 13% for India² and 9.3% for Haryana.³ There is relationship between women's age and the unmet need. Most unmet need of younger women is for spacing births, whereas for older women it is for limiting births. Unmet need typically peaks for many women in their thirties and then declines in the forties. The study showed that 24.2% was in the 25-29 age groups, where unmet need was at its highest (29%). The unmet need was found to increase with higher educational status. These findings are in accordance with those of various other studies conducted elsewhere.[2,5,6,7] In this study, 571 (63%) of the 900 women interviewed had no unmet need for family planning. 60% had undergone permanent sterilization and 17% were using intrauterine devices (IUDs). 8% of them took oral pills. It was found that those who had a better knowledge of family planning methods had less unmet need.

According to NFHS-4 (2016) two-thirds of the women currently married have used a family planning method at some point in their lives.³ National average percentage of women using any methods of contraception is 54%. The NFHS 4 for Haryana (2016) reported similar findings of 63% for any method of contraception. The major reason for not using any family planning method is medical reason (13%) followed by fear of side effects (10%). Ghosh et al. in Kolkotta observed that 25% of women did not accept contraceptive methods because of concerns about health and side effects⁷ Perceived risk of pregnancy observed in 5%. Spinell noted that when a woman believes that she is unlikely to become pregnant, she may not be interested in contraception.⁸ The other reasons in this study were lack of information (6%) and opposition by family member (3%). For 85 % of the women, the source of informed choice was the health care worker (ASHA). A family member/neighbor was the source for 10 % and mass media for 5%. According to 65% of respondents, detailed information on FP methods was provided by doctors. forty five percent of the women had discussed family planning methods with their husbands. Male participation in shared responsibility and counseling was very dismal. Only 14% of the men used condoms and only 1% male had undergone vasectomy. The critical role of the husband has been noted in several studies by Santhya et al.⁹ and Jejeebhoy on decision-making relating to the use of contraception, especially during the early years of marriage.¹⁰

CONCLUSION & RECOMMENDATIONS

The present study has revealed a high prevalence of unmet need for Family planning which is more for limiting but is being satisfied. However, need for spacing is less but is least satisfied. Couples should be given family planning counselling together and male participation in family planning should be encouraged by behavioral change communication.

Table 1: prevalence of unmet need

Unmet need	Number	Percentage
Yes	329	37
no	571	63
Total	900	100

Table 2: Distribution of type of unmet need for family planning among study population

Unmet need	Number	Percentage
Spacing	135	15
Limiting	194	22

Table 3: Determinants of unmet need for family planning

Variable	Unmet need		P value
	Yes	No	
Age group			<0.000
<25	50	59	
26- 35	174	203	
>35	105	309	
Education			0.01
Illiterate	50	130	
<12 class	205	307	
>12 class	74	134	
Husband's occupation			0.66
Unskilled	99	188	
Skilled	184	304	
Professional	46	79	

Age at 1st child birth			0.000
20-24	259	504	
25-29	41	50	
30-40	29	17	
Number of children			0.000
<2	280	400	
>2	49	171	
Desired family size			0.02
<2	298	486	
>2	31	85	
Contraceptive knowledge			0.01
Poor	214	415	
Good	115	156	
Male participation in FP			0.00
Yes	28	97	
No	301	474	
Opposition to use FP			0.55
Yes	49	77	
No	280	494	

TABLE 4: Reasons for unmet need of family planning

Reasons	Number (%)
Medical	117(13)
Fear of side-effects	90(10)
Lack of information	54(6)
Risk of pregnancy	45(5)
Opposition by family	23(3)

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