Original Article

UNMET NEED FOR FAMILY PLANNING: A CHALLENGE TO PUBLIC HEALTH

Veena V[1], Ramesh Holla[2], Parasuramalu B G[3], Balaji R[4]

Financial Support: None declared
Conflict of interest: None declared

How to cite this article:
Veena V, Holla R, Parasuramalu BG, Balaji R. Unmet Need For Family Planning: a Challenge to Public Health. Natl J Community Med 2014: 5(4);401-5.

Author's Affiliation:
[1]Assistant professor, Department of Community Medicine., BGS Global Institute of Medical Sciences, Bangalore; [2]Assistant professor, Department of Community Medicine., Kasturba Medical College , Mangalore, (Manipal University); [3]Professor, Department of Community Medicine., Rajarajeshwari Institute of Medical Sciences., Bangalore.; [4]Assistant professor, Department of Community Medicine., SRM Medical College and Research centre., Kanchipuram.

Correspondence:
Dr Veena V
E-mail: vveena67@yahoo.com

Date of Submission: 05-09-14
Date of Acceptance: 10-12-14
Date of Publication: 31-12-14

ABSTRACT

Introduction: Unmet need for family planning refers to gap between some women's reproductive intention and their contraceptive behaviour. This poses a challenge to the family planning programme. **Objectives:** To find out the extent of unmet need, associated socio-demographic factors and possible reasons for unmet need among pregnant women.

Methods: A descriptive cross-sectional study was conducted among 523 pregnant women attending antenatal clinic of Primary health center attached to a medical college in Bangalore for a period of 7 months using pretested semi-structured questionnaire by interview. Descriptive statistics was used for summarization of the data. Statistical association was determined using chi-square test.

Results: In the present study the extent of unmet need among pregnant women was 122(23.3%), 99(19.0 %) for spacing the birth and 23(4.3%) for limiting the birth. Unmet need was significantly associated with socio-economic status, number of living children. The main reason for unmet need for family planning was opposition by family members (n=59, 48.3%).

Conclusion: The study found that women cited a range of reasons that prevented them from using contraceptives. To address these issues needs various measures like imparting proper family planning education by conducting awareness programmes at the community level, removing misconceptions regarding family planning etc.

Keywords: Unmet need, family planning, pregnant women, spacers, limiters, population, primary health center, contraception

INTRODUCTION

India is the second most populous country in the world, next to china.[1] This alarming increase in population is slowing down the socio-economic development, lowering the quality of life, degrading our environment & putting a further strain on our already overloaded resources.[2]

Family planning is one of the fundamental pillars of safe motherhood and a reproductive right. Over the past 40 years, there have been significant advances in contraceptive methods, its approaches & services. However contraceptive practices are no longer in wide use. Many factors contribute for this under-utilization of contraceptives & this makes contraception as unfelt need of millions of women today. Many women who are sexually active would prefer to avoid becoming pregnant but nevertheless are not using any method of contraception. These women are considered to have an unmet need for contraception.[2] According to National Family Health Sur-

vey- 3 about 12.8 percent of currently married women in India have an unmet need for family planning.[3]

Emergence of unmet need can be seen from two aspects. One is the absence of explicit demand for contraception from within family and the other is the lack of availability of appropriate services to those who need them. A society exhibiting norms of gender bias may show higher unmet need levels.[4] The perception of side effects might be more accurately regarded as reflecting the social and cultural unacceptability of contraception rather than the fear of health effects. Development of appropriate policy tools in order to reduce unmet need for family planning requires knowledge of the causes of unmet need, that is, the factors that must be the target of Governmental and Non-Governmental interventions.[5] Causes other than inadequate family planning services can be the target of such interventions.

With this background, the study was conducted to find out the extent of unmet need, associated socio-demographic factors and possible reasons for unmet need among pregnant women.

METHODS

This descriptive cross-sectional study was conducted at Primary health centers (PHC) attached to Department of Community Medicine, Kempegowda Institute of Medical Sciences, Bangalore after obtaining Institutional Ethics Committee approval. The study was conducted among 523 pregnant women attending the antenatal clinic of Primary health centres, Bangalore during the study period of seven months. Study subjects were selected through convenience sampling after taking informed consent. Using a pre-tested semi-structured questionnaire, all 523 pregnant women were interviewed regarding their socio-demographic characteristics, contraceptive usage to find out the unmet need group. Unmet need group was identified using Charles Westoff Standard formulation which states that "unmet need group included all those pregnant and lactating mothers whose current or previous pregnancies were unwanted or mistimed and became pregnant because they were not using contraception. Those whose pregnancies are unwanted are considered to have unmet need for limiting birth, while those pregnancies are mistimed are considered to have unmet need for spacing birth."[6]

Statistical Analysis: The collected data was entered in Microsoft Excel, and analyzed using SPSS version 16.0. The data was analyzed in terms of descriptive statistics and the results were expressed in proportions. We undertook both unadjusted and adjusted logistic regression to assess the various socio-demographic factors associated with Unmet need. The fit of the logistic model was assessed with the Hosmer and Lemeshow goodness-of-fit test; $P < 0.05$ was considered statistically significant. Odds ratios (ORs) and corresponding 95% confidence intervals (CIs) are reported.

RESULTS

Among the 523 pregnant women attending antenatal clinic, the number of pregnant women who had unmet need for family planning was 122 (23.3%). Among them, 99 (81.0 %) had unmet need for spacing the birth and 23 (19.3%) had unmet need for limiting the birth.

Among the 122 pregnant women, majority 69 (56.6 %) were in the age group of 20-24 years with mean age group of 22.6 ± 3.5 years.(P) 40 (32.7%) had studied up to high school, 102 (83.6%) were housewives, 84 (68.8%) belonged to Hindu religion, 67 (54.9%) were from the nuclear family, 57 (46.8%) were from lower middle socio-economic status.

On Univariate analysis there was a significant association between socio-economic status (P=0.002), number of living children (P = 0.0001) and unmet need but there was no significant association found for factors ie., age group, education, occupation, religion. (Table 2)

Table 1: Distribution of pregnant women according to their awareness of family planning methods and its usage

Variables	Number	Percentage
Awareness of family planning methods (n=523)		
Aware	367	70.1
Not aware	156	29.9
Family planning methods usage (n=367)		
Users	76	20.8
Non users	291	79.2
Contraceptive methods (n=76)		
Male condoms	30	39.4
IUCD	21	27.6
Oral contraceptive Pills	20	26.3
Multiple methods	05	06.7

Table 2: Univariate analysis showing Socio-demographic factors determining Unmet need for family planning

Socio-demographic factors with categories	Pregnant women without unmet need (n=401)	Pregnant women with unmet need (n=122)	Unadjusted OR	95% CI	P Value
Age in years					
15-19	56 (71.7)	22 (28.3)	1		0.350
20-24	255 (78.7)	69 (21.3)	0.686	(0.392-1.202)	
25-29	73 (77.6)	21 (22.4)	0.719	(0.360-1.438)	
30-34	17 (62.9)	10 (37.1)	1.250	(0.488-3.202)	
Education					
Illiterate	64 (75.2)	21 (24.8)	1		0.962
Literate	337 (76.9)	101 (23.1)	0.987	(0.570-1.707)	
Occupation					
House wife	347 (77.2)	102 (22.8)	1		0.417
Employed	54 (72.9)	20 (27.1)	1.260	(0.721-2.203)	
Religion					
Hindu	305 (78.4)	84 (21.6)	1		0.111
Muslim & Christian	96 (71.6)	38 (28.4)	1.437	(0.920-2.246)	
Socio-economic status†					
Upper (I)	17 (58.6)	12 (41.4)	1		**0.002**
Upper middle (II)	76 (80.0)	19 (20.0)	0.354	(0.145-0.866)	
Lower middle (III)	129 (69.3)	57 (30.7)	0.626	(0.281-1.396)	
Upper lower (IV)	120 (82.7)	25 (17.3)	0.295	(0.125-0.694)	
Lower (V)	59 (86.7)	09 (13.3)	0.216	(0.078-0.599)	
Number of living children					
Nullipara	231 (83.6)	45 (16.4)	1		**0.0001**
1	142 (74.3)	49 (25.7)	1.771	(1.123-2.793)	
> 2	28 (50.0)	28 (50.0)	5.133	(2.779-9.481)	

*Figures in parenthesis indicates percentages †Modified B G Prasad's classification

Table 3: Multivariate analysis for the associated factors

Factors	aOR	95% CI	P value
Socio-economic status	0.796	0.654 - 0.969	**0.023**
Number of Children	2.066	1.535 – 2.780	**0.0001**

aOR=Adjusted Odd's ratio

Table 4: Reasons for unmet need for family planning (n=122)

Reasons	Number (%)
Opposition by family members	59 (48.3)
Lack of awareness	29 (23.7)
Fear of side effects	28 (22.9)
Fear of not conceiving in future	17 (13.9)
Fear of sterilisation operation	16 (13.1)
Inconvenience in usage	11 (09.1)
Perception of high cost	09 (07.3)
Against religion	08 (06.5)

*Multiple responses

Multivariate analysis was done and a significant association was found for socio-economic status (OR = 0.796, 0.654-0.969, P = 0.023) which means that as socio-economic status decreases unmet need for family planning increases. Similarly, a significant association was found for number of living children (OR = 2.066, 1.535-2.780, P = 0.0001) which means that as number of living children increases unmet need also increases. (Table 3)

DISCUSSION

India has the distinction of being the first country in the world to start an official family planning programme.[7] Despite the well established family planning programme, a significant proportion of currently married women in India are still having unmet need for both spacing and limiting births.

The present study conducted among pregnant women to find out the various reasons for unmet need for family planning which is influenced by various socio-demographic factors. This will help the policy makers to know the obstacles in delivering the family planning services and plan various strategies to overcome them to provide better family planning services.

In the present study, 70.1% study subjects were aware of family planning methods whereas ac-

cording to findings of Anthony et al[8] 95.5% of the women had knowledge about family planning and 73.3% had ever used family planning methods, among them 71.9% used male condoms, 42.1% used billing method, 35.4% used IUCD and 30.4% used oral contraceptive pills. In the study conducted by Bhattacharya SK et al[9] 45.83% women were contraceptive users which are higher than our study.

In the present study extent of unmet need was found to be 23.3% which is corroborated by the study done at Calcutta (23.1%).[10] However the rates are higher than the rates reported in NFHS-3[3] (12.6% in India and 9.6% in Karnataka) and lower than than studies done at Kolkata (41.67%)[8] and Aurangabad (20.54%).[11]

Majority of unmet need pregnant women were in the age group 20- 29 years (74.6%) which is similar to the finding by Bhattacharya SK et al[9] (77.5%) and Ram R et al[10], which is the most active period and important for child bearing. NFHS-2 has reported that the unmet need for contraception is highest (27%) among women below age 20 years and is almost entirely for spacing the births rather than for limiting the births.[12]

Proportion of unmet need for family planning was higher in women who were illiterate (24.8%) which is not statistically significant. The findings are similar to Bhattacharya SK et al[9] and Ram R et al[10]. There are two patterns of unmet need related to women's education. Better educated women have less unmet need than women with little or no education as in Turkey. While in Ghana the level of unmet need is same regardless of women's educational status. Although women at all educational level wants to avoid pregnancy, less educated (below primary school) face more obstacles to using contraception.[6] The unmet need for spacing increases with increasing education through 8- 9 years of completed education, but the unmet need for limiting is highest for women with no education.[3] As a result, total unmet need is practically the same for women with different levels of education.

A significant association was found for socio-economic status (OR = 0.796, 0.654-0.969, P = 0.023) which means that as socio-economic status decreases unmet need for family planning increases ie., unmet need will be higher in women belonging to lower socio-economic status which is similar to other studies.[13,14]

In this study unmet need for family planning was significantly associated with number of children ie., as the number of children increases unmet need also increases proportionately which is similar to study done in Nigeria.[8] In the present study 23.0% of unmet need pregnant women had 2 or more children which differs from Ram R et al[10] (92.0%) and Supriya SP et al (59.2%) which is higher.[15]

The reasons for unmet need in the present study is similar to findings of Bhattacharya SK et al[9] whereas according to Calcutta study, the reasons were lack of information, health concerns and side effects, unsatisfactory services, inconvenient to use, opposition from husband, families & communities.[10]

Limitations of the study: Due to convenience sampling and choice of respondents i.e. Pregnant women, results cannot be generalized. A community based study through a random sampling including reproductive age women in general population has to be conducted to generalize the results.

CONCLUSIONS AND RECOMMENDATIONS

The study found that women cited a range of reasons that prevented them from using contraceptives. Eliminating such misconceptions need imparting proper family planning education to both husband, wife and their family members by conducting awareness programmes at the community level. To be successful, family planning programme must motivate women for using contraception and must encourage women who are already using family planning not to discontinue contraceptive use.

In many countries established national targets for increase in contraceptive prevalence and decline in fertility could be achieved by eliminating unmet need. In India, if the women with unmet need were to use contraceptive methods, the contraceptive prevalence rate would increase that surely will bring the level of fertility down.

Meeting the unmet need of family planning is one of the immediate objectives of the National Population Policy of Government of India also (NPP 2000). Policies and programmes should be implemented to reach out to the rural poor married women so that they can avail the services easily and effectively without any barriers.

Acknowledgements:

I would like to thank Medical Officers, staff of the 2 Primary health centres, Dr Ramesh Masthi, Incharge - Rural health training centre, Kempegowda institute of medical sciences for their constant support. I would like to thank postgraduates Dr Jahnavi Rajagopal, Dr Kavita S K, Dr Malatesh Undi and interns who helped us while conducting the study.

REFERENCES

1. Park K. Park's Textbook of Preventive and Social Medicine, 22nd ed. Jabalpur: M/s Banarasidas. Bhanot Publishers; 2013.p 442.
2. Robey B, Ross J, Bhushan I. Meeting unmet need: new strategies. Popul Rep series J:Family Planning Prog. 1996;43:1-35
3. National family health survey NFHS-3 (2007). Available at: URL: www.rchiips.org/nfhs/pdf/india.pdf. Accessed on April 25th , 2013.
4. Tauseef A. Unmet Need for Contraception in Pakistan: Pattern and Determinants. Demography India. 1993;22(1):31-51.
5. Casterline JB, Aurora EP and Ann EB. Factors Underlying Unmet Need for Family Planning in the Philippines. Studies in family Planning. 1997;28(3):173-191.
6. United States Agency for International Development (USAID). New Estimates of Unmet Need and the Demand for Family Planning. DHS Comparative Reports No.14. Calverton, Maryland: Macro International Inc; 2006. P 1-2.
7. Govt. of. India. National rural Health Mission (2005-2012), Mission Document, Ministry of Health and Family Welfare, New Delhi; 2005.
8. Anthony, Igwegbe O, Joseph, Ugboaja O, Emmanuel, Monago N. Prevalence and determinants of unmet need for family planning in Nnewi, south-east Nigeria. International Journal of Medicine and Medical Sciences. 2009;1:325-9.
9. Bhattacharya SK, Ram R, Goswami DN, Gupta UD, Bhattacharya K, Ray S. Study of Unmet Need for Family Planning among women of Reproductive age group attending Immunization clinic in a Medical College of Kolkata. Indian J Commun Med. 2006;31:73-75.
10. Ram R, Ghosh MN, Bhattacharya S, Haldar A, Chitra C, Narendranath N.Study Of Unmet need for Family planning among women of reproductive age group attending Immunization clinic in a Medical College of Calcutta. Indian J Commun Med. 2000;25:22-5.
11. Andurkar SP, Yadav VB, Dalvi SD. Study of unmet need for family planning among married women of reproductive age in urban health central field practice area of Govt. Medical College, Aurangabad.Indian J Public Health.2006;50:45-6.
12. National family health survey NFHS-2 (1998-99). Available at: URL: www.rchiips.org/nfhs/data/india/keyfind.pdf. Accessed on April 25th, 2013.
13. Shah MA, Shah NM, Chowdhury RI, Menon I. Unmet need for contraception in Kuwait: issues for health care providers. Soc.Sci.Med. 2004;59:1573-80.
14. Dinc G, Eser E, Cihan UA, Ay S, Pala T, Ergör G et al. Fertility preferences, contraceptive behaviors and unmet needs: a gap between urban and suburban parts of a city. Eur. J. Contracept. Reprod. Health Care. 2007;12:86-94.
15. Supriya SP, Durgawale MP, Patil SR. Epidemiological Correlates Of Unmet Need For Contraception In Urban Slum Population. AJMS. 2010;3:312-6.