Unmet need for family planning among married women of reproductive age group In Field practice area of RHC,Tadikonda, Guntur, A.P

Dr.B.Sreedevi,[1] Dr. Chinnamma[2]

Department of Community Medicine, Guntur Medical College, Guntur.
Corresponding author: Dr.B.Sreedevi

Abstract

Context: *unmet need for FP refers to avoid or postpone child birth without using any means of contraception has been a core concept in the field of international population for more than 3 decades*

Objectives *: To determine the prevalence ,determinants of unmet need of FP and also reasons for not using contraceptives*

Methodology *: It was a community based cross-sectional study of married women of reproductive age group between 15-19 years.Sample size required was 430,sampling technique was simple random method.Exclusion criteria were unmarried,divorced,widowed.*

Results *: Prevalence of unmet need was 18.6% (10.9% for spacing,7.7% for limiting).Highest in illiterates,younger age group women and Muslims.Main reasons for not using contraceptives were lack of information & fear of side effects.There was a significant association between unmet need and age, parity, religion ,poor knowledge on FP .*

Conclusion*: Unmet need for FP was higher in illiterate,Muslims,younger age group women so that FP efforts directed towards this group in controlling population of India.*

Key words: *unmet need, spacing, limiting, reproductive age, family planning*

I. Background

Many women who are sexually active would prefer to avoid becoming pregnant,but nevertheless are not using any method of contraception including use by their partner.These women are considered to have an unmet need for family planning.The concept is usually applied to married women[1]. The concept of unmet need points to the gap between some women's reproductive intentions and their contraceptive behavior[2].If we are able to bridge this gap and bring these women under the umbrella of protected couples, then this would be a great boost to the country's family welfare programme by increasing the couple protection rate and realization of the dream of a stable population.[3] In the developing world limited access to family planning results in high rate of unintended pregnancies, millions of unsafe abortions & thousands of maternal deaths. Limited access to family planning is also a leading cause of infantdeath in developing countries.A comprehensive study of unmet need in the state is highly desirable in order to develop a locally relevant and suitable strategy to overcome the problems of unmet need on priority basis.[4]

Global scenario

An estimated 225 million women in developing countries would like to delay or stop childbearing but are not using any method of contraception[5]. Unmet need for contraception can lead to unintended pregnancies, which pose risks to women, their families, and societies. In less developed countries, about one-fourth of pregnancies are unintended, that is, either unwanted or mistimed[6]. One particularly harmful consequence of unintended pregnancies is unsafe abortion. An estimated 18 million unsafe abortions take place each year in less developed regions, contributing to high rates of maternal death and injury in these regions[7].Meeting the demand for family planning is likely to lead to achieve one of the national policy, that is, reducing the fertility. The magnitude of unmet need is 13-42% in various studies. According to National Family Health Survey - III (2005-06), unmet need in currently married women is 12.8% in India, in Andhra Pradesh it is 23.4% Unmet need for family planning is highest (27.1%) among women below 20 years of age followed by 20-24 years. It is higher in rural areas than in urban areas. It also varies by women education and religion[8]. According to District Level Household and Facility Survey -4 (2012 to 13) Ministry of Health and Family welfare, total unmet need in Andhra Pradesh is 19.1%. Unmet need for spacing 11.8% and limiting is 3.8%. It is higher in rural areas than in

urban areas[9]. The essential aim of family planning is to prevent the unwanted pregnancies. It may lead to an induced abortion. Abortion rate in developing countries is 16 per 1000 women in 15-44 years. The high unsafe abortion rate exits in parallel to low overall contraceptive use.

Among the reasons for unmet need for family planning, the common ones are inconvenient unsatisfactory services, lack of information, fears about contraceptive side effects and opposition from husband or other family members. If this unmet need were met, unintended pregnancies would be fewer, women's health and lives would be improved, and the consequent impact on fertility would result in lower population growth and measurable development benefits.[10]

In light of the above considerations, the present study is planned to determine the extent and factors influencing unmet need for family planning. Still there is a need for considerable improvement in the coverage and quality of family planning services especially in rural areas.

II. Aim and Objectives:

Aim: To determine the extent and factors influencing unmet need for family planning.

Objectives :

1. To determine the prevalence of unmet need for family planning among married women of reproductive age group.

2. To determine the socio demographic factors affecting unmet need for family planning.

3. To explore the common reasons for not using contraception.

III. Methodology

Study population: Married women of Reproductive age group(15-49years)

Study setting: Field practice area of Rural Health Centre,Tadikonda.

Study period: Period of 6 months from February 2017 to July 2017

Study design: Cross sectional descriptive study.

Inclusion criteria:

Women in the reproductive age group of 15-49 age group who are currently married. (Women who are using and 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.)

Exclusion criteria:

1. Unmarried women, separated/divorced women, widows, pregnant due to   contraceptive failure

2. Non responsive, non cooperative and severely ill persons.

3. Persons who are not found at their home even after 3 successive home visits.

Sample size:

The sample size is calculated using the formula at 95% confidence interval with an allowable error of 20% based on District Level Household and Facility Survey -4 (2012 to 13), Ministry of Health and Family welfare, total unmet need in Andhra Pradesh is 19.1%.

$$N = 4\,PQ/L^2$$

Where P = Prevalence of unmet need = 19%

Q = 100 – P = 100 – 19 = 81 %

L = allowable error = 20% of P= 3.8

By substituting the values, we get

$$N = 4 \times 19 \times 81 / (3.8)^2$$
$$= 426$$

Thus the minimum sample size constitutes to 426 with the above formula. Considering 1% non response rate thus constitute(426+4 = 430) 430

Study method:

The Rural health centre,Tadikonda has 4 sub centres with total population of 45,917 (as on 16-1-2017).

Table 1: List of sub centres of RHC,Tadikonda

S.No	Name of the sub centre	Total population
1	Tadikonda	17770
2	Ponnekallu	9031
3	Pedaparimi	6707
4	Motadaka	12409
	Total	45,917

2 sub centres Pedaparimi and Mothadaka are selected by simple random sampling method (lottery method). There are 5 villages in 2 sub centres as listed below. Later the population of each village is enumerated and it is found that the population of 5 villages is 19409. The study subjects are selected from these populations proportionate to the population of a particular village i.e. population proportionate to size method (PPS method).

Thus a sample size of 430 is selected from each of these 5 villages. When sufficient number of study subjects cannot be found, the neighbouring villages are visited till attaining the desired number of study subjects.

Thus the final sample of 430 study subjects included in the study from the 5 villages is shown in the table below:-

Table2: Selection of study population by PPS method in respective villages.

S.No.	Name of the sub centre	Name of the village/ habitat	Total population as on 16-1-2017	Sample to be drawn as per PPS method
1	Pedaparimi	Pedaparimi	7000	155
2	Motadaka	Motadaka	3509	78
		Nidumukkala	3500	78
		Lemalle	2500	55
		Karlapudi	2900	64
Total			19409	430

Method of Collection of Data:
The study subjects are contacted through household visits for data collection. In each household, married women of reproductive age group is contacted and the purpose of the study is explained. The study subjects are subjected for personal interview using a pretested, semi structured questionnaire regarding socio demographic, contraceptive knowledge and reasons for unmet need of family planning.
A pilot study was conducted and suitable changes were made in the questionnaire.

Data analysis :
Data will be entered in MS Excel and analyzed by using SPSS 17 version.Statistical tests like proportions and chi-square test will be used.

IV. Results

Table 3: prevalence of unmet need of FP

Unmet need	Frequency(%)
yes	80(18.6)
No	350(81.4)
Total	430(100)

In the present study out of 430 study subjects 80 (18.6)had unmet need for FP

Tabvle 4: Prevalence of type of unmet need

s.no	Type of unmet need	frequency	%
1	spacing	47	10.9
2	limiting	33	7.7
	total	80	18.6

10.9% for spacing and 7.7% for limiting of births

Table 5: Reasons for not using FP Methods

Reasons	frequency	%
Lack of information	20	25
Fear of side effects	19	24
Opposition from husband	16	20
Want male child	13	16
Ignorance	7	9
Religious beliefs	5	6
Total	80	100

The present study reported main reasons for not using FP methods were lack of information(25%),fear of side effects(24%),opposition from husband(20%

Table :6 Determinants of unmet need for FP

Determinants	Unmet need		Total	Statistical significance
	No(%)	yes(%)		
Age group				x^2 =114.38
15-19	2	8	10	df=6
20-24	34	37	71	p=0.000,S
25-29	73	23	96	
30-34	95	10	105	
35-39	64	2	66	
40-44	58	0	58	
45-49	24	0	24	
Religion				x^2 =20.70
Hindu	258	39	297	df= 2
Christian	65	25	90	p=0.000,S
Muslim	27	16	43	
Literacy				x^2 = 8.685
Illiterate	61	23	84	df =4
Primary	110	21	131	P =0.069,NS
Secondary	100	20	120	
Inter	43	10	53	
degree	36	6	42	
Knowledge on FP				x^2 =70.66
Good	261	20	281	df=1
Poor	89	60	149	p=0.000,S
Parity				x^2 = 88.303
None	13	0	13	df=3
One	44	48	92	P= 0.000,S
Two	239	28	267	
Three	54	4	58	
Age at 1st preg				
<18	2	8	10	x^2 = 3.743
18-21	268	57	325	df = 3
21-25	64	17	81	p=0.291,NS
>25	9	5	14	

Mean age of the study subjects was 31.61years.Highest prevalence seen in younger age group(80%) Muslims(37%),illiterates(27.3),parity one(52.1%) and those who have 1st pregnancy
at the age of <18(80%).There was a significant association among unmet need and age,religion,parity and poor knowledge on contraception

V. Discussion

A cross-sectional study on the prevalence of unmet need for FP among women of reproductive age group was conducted in the field practice area of RHC,Tadikonda Guntur.The present study reported the prevalence of unmet need for FP was 18.6% with spacing as10.9% and limiting as 7.7% .These findings are similar to studies conducted in Delhi,Gwalior showed 25.4%(6.7% for spacing,18.7% for limiting of births),21.7% respectively.Another study conducted in Tamil Nadu reported prevalence of unmet need of FP was 39% with spacing as 12% and limiting as 27% which was higher than present study.NFHS-3 in 2008 reported unmet need was 13% .

The present study reported main reasons for not using contraceptives were lack of information,fear of side effects and opposition from husband.These findings were in accordance with those of various studies conducted elsewhere(ref2,3,4,8,9)

The present study reported highest prevalence of unmet need was seen in illiterates,Muslims,parity one and younger age group(15-19yrs) which was similar to other studies conducted in Delhi and Gwalior
But in Tamil nadu study unmet need increased with increased education and increased age

VI. Conclusion

Unmet need for FP was higher in illiterate,Muslims,younger age group women,parity one and those who had poor knowledge on FP methods. The main reasons for not using contraceptives were lack of information,fear of side effects and opposition from husband

VII.   Recommendations

Intensified IEC activities needed to provide correct and adequate information to the couples as lack of information and fear of side effects remain a significant cause of unmet need
Couples should be given FP counselling together for encouragement of joint decision

Limitations

Male participation in decision making on FP was not included in the present study

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