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Unmet Need for Modern Contraception among Urban and Rural Women in Manipur- A Cross-Sectional Study

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ABSTRACT

Introduction: The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behaviour. Around 215 million women reproductive-aged women around the world have an unmet need for modern contraception. The present study is aimed to assess prevalence of the unmet need for family planning, its determinants, the reasons for the unmet need for family planning, and to suggest suitable measures to improve the utilization of contraceptive methods in urban and rural areas of Manipur.

Methods: This Cross-Sectional study was done among 357 women of reproductive age group in in urban area of Athokpam in Thoubal district and rural area of Bishnupur district of Manipur from Oct-Nov 2017. A pre tested, structured questionnaire was used. Data were entered in IBM SPSS Statistics.

Results: In the present study, 74.2% of the married women in urban area and 31.7% in rural area had unmet need for family planning. The unmet need observed in urban area was much higher than that of rural area.

Conclusion: Women whose husbands approved the use of contraceptive methods were having less unmet needs for family planning than women whose husbands disapproved in urban area which was statistically significant.

Key Words: unmet needs, family planning, Manipur

INTRODUCTION

Women with unmet need are those who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the next child. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behaviour.[1] Around 215 million women reproductive-aged women around the world have an unmet need for modern contraception.[2]

The unmet need resulted in unintended pregnancies, as 84% of unintended pregnancies occurred among the women with unmet need. High levels of unmet need for FP and of unintended pregnancies explained the reason for high levels of abortion in countries with legal restriction on abortion.[3,4]Unintended pregnancy is considered as a high-risk pregnancy associated with high rates of negative consequences for mother, partner and the baby. These groups of women are more exposed to suicide and depression rate, poor nutrition during gestation, mental health issues, unstable family relationships, experiencing physical and psychological violence, risk of miscarriage and having low birth weight infants and delayed onset of prenatal care.[5,6,7,8]

A better use of family planning could reduce many of these mistimed and unplanned pregnancies, while at the same time it could reduce the number of unsafe abortions as well as the mortality related with child birth.[9] Despite the government's much efforts, the unmet need for family planning in In-

dia is still 12.9%.[10] The present study is aimed to assess prevalence of the unmet need for family planning, its determinants, the reasons for the unmet need for family planning, and to suggest suitable measures to improve the utilization of contraceptive methods in urban and rural areas of Manipur.

METHODS

This Cross-Sectional study was done among 357 women of reproductive age group in in urban area of Athokpam in Thoubal district and rural area of Bishnupur district of Manipur from Oct-Nov 2017. Those who refused to participate, those who were absent on the day of visit, infertile and those who have attained menopause were excluded from the study.

The sample size was estimated to be 332 on the basis of prevalence of 12.7% prevalence of unmet need for family planning among married women in Manipur (NFHS-IV, 2015-16),[11] absolute allowable error of 4%, non-response rate of 20% and 95% confidence interval.

Sampling: The two districts were selected taking into account the convenience of the investigators. Consecutive sampling was done to select the participants. 1st house was selected by standing in front of a community hall and spinning a bottle. The house which faced the tip of the bottle was selected and from there data collection was started.

Study tool: A pre tested, structured questionnaire was used which consisted of two parts i.e first part which had questions on socio-demographic characteristics and second part with questions on unmet needs of contraception.

Outcome variables was Unmet needs of contraception.

Operational Definition: Women was said to have unmet needs if she fulfils any of the following criteria:

1. If her current pregnancy was mistimed or unwanted.
2. If she was not using any contraceptives even though she was not planning for any child soon or wish to limit childbirth.
3. If her last pregnancy was mistimed or unwanted.

Data collection: Prior to the study initiation, an informed verbal consent was taken from the women. The participants were briefly explained about the study. The participants were reassured about their anonymity. Data were collected by face-to-face interview method using a structured questionnaire.

Statistical analysis: Data was collected and checked for consistency and completeness. Data were entered in IBM SPSS Statistics for Windows, Version 21.0. Armonk, NY. Descriptive statistics like mean, SD and percentage were used. Chi square was used to assess association between unmet needs and the socio-demographic factors. A probability value of < 0.05 was taken as significant.

Ethical issues: Approval was obtained from the Research Ethics Board, RIMS, Imphal. Informed verbal consent was taken from the participants before data collection. Data collected were made accessible only to the investigators. Identifiers like name, house numbers, etc were not collected to maintain the confidentiality.

RESULTS

Table 1 shows the socio-demographic characteristics of the participants. The age range of the women was 31.17 ± 6.033 years and 30.02±6.801 years in urban and rural respectively.

Table 1: Socio-demographic characteristics of the participants

Variable	Urban (%)	Rural (%)
Age of the woman (years)	31.17±6.033	30.02±6.801
Age of the woman at the time of marriage (years)	23.19±4.388	23.19±4.808
Age of the husband at the time of marriage (years)	27.97±5.135	26.75±5.426
Duration of marriage (years)	8.24±6.135	6.80±5.79
Type of Family		
Nuclear	79 (44.4)	64 (35.6)
Joint	99 (55.6)	116 (64.4)
Religion		
Hindu	89 (50)	148 (82.3)
Meitei	83 (46.6)	6 (3.3)
Others*	6 (3.4)	26 (14.4)
Education of the woman		
Illiterate	12(6.7)	12(6.7)
Upto Class x	95(53.4)	102(56.7)
Upto Class XII	45(25.3)	35(19.4)
Graduate & above	26(14.6)	31(17.2)
Education of the husband		
Illiterate	0(0)	4(2.2)
Upto Class x	74(41.6)	78(43.3)
Upto Class XII	46(25.8)	43(24)
Graduate & above	58(32.6)	55(30.5)
Occupation of the woman		
Private employed	5(2.8)	2(1.1)
Govtemployed	16(9)	11(6.1)
Self employed	11(6.2)	43(24)
Housewife	146(82)	124(68.8)
Occupation of the husband		
Private employed	34(19.1)	40(22.2)
Government	69(38.8)	38(21.1)
Self-employed	71(39.9)	96(53.4)
Unemployed	4(2.2)	6(3.3)

Others* include Muslims and Christians

Table 2: Family planning practices

Family Planning Practices	Urban (%)	Rural (%)
No. of living children		
≤2	158(88.8)	155(86)
>2	20(11.2)	25(14)
Total	178 (100)	180 (100)
Total no. of pregnancies		
≤3	143(80.3)	150(83.3)
>3	35(19.7)	30(16.7)
Total	178 (100)	180 (100)
Have you ever used contraceptives?		
Yes	56(31.5)	67(37.2)
No	122(68.5)	113(62.8)
Total	178 (100)	180 (100)
Does your husband approve of using contraceptives?		
Yes	65(36.5)	70 (39)
No	113(63.5)	110(61)
Total	178 (100)	180 (100)
Are you using any contraceptives?		
Yes	35(19.7)	30(16.7)
No	143(80.3)	150(83.3)
If No, why?		
Natural methods	71(58.2)	39(34.5)
Wants a child	8(6.5)	68(60.2)
Fear of side effects	17(14)	5(4.4)
Does not want to use	16(13.1)	0 (0)
Others**	10(8.2)	1(0.9)
If Yes, What type of contraceptive? **		
Condoms	10(17.8)	17(25.3)
IUDs	30(53.6)	12(18)
OCPs	16(28.6)	37(55.2)
Tubectomy	0	1(1.5)

Others* include natural methods, currently pregnant
** Multiple answers allowed

Table 3: Prevalence of unmet needs of family planning

Variables	Residence (%)		P value
	Urban	Rural	
Unmet needs			
Yes	132(74.2)	57(31.7)	0
No	46(25.8)	123(68.3)	
Type of unmet needs			
Spacing	69(52.3)	36(63.2)	0.11
Limiting	63(47.7)	21(36.8)	

The urban population mainly consisted of joint family (55.6%), Hindu by religion (46.6%), studied till class X (53.4%), were housewives (82%) and husbands' occupation were self-employees (39.9%). On the other hand, the rural population mainly consisted of joint family (64.4%), Hindu by religion (82.3%), studied till Class X (56.7%), were housewives (68.8%) and husbands' occupation were self-employees (53.4%).

Table 2 shows the comparison of family planning practices in both urban and rural areas. Majority of women in both urban (63.5%) and rural (61%) do not get husbands' approval for using contraceptives. Among the women who do not use any family planning practices, natural methods (58.2%) and wanting a child (60.2%) were the main reasons in urban and rural respectively. Among the women who were using contraceptives, IUDs were used by 53.6% of urban women and only 18% by rural women.

Table 3 shows that Urban women (74.2%) had more unmet needs than rural population (31.7%) and it was found to be statistically significant.

Table 4 shows the comparison of unmet needs between the urban and rural populations. Among the urban women, unmet need was more in women whose husbands do not approve use of contraceptives. Those women who are > 30 years of age, has more than 2 living children and has > 3 total no. of pregnancies had more unmet needs in rural area.

DISCUSSION

This study has focussed on to find out the prevalence of unmet need of modern contraception among married women in both urban and rural areas of Manipur, to find out the different reasons behind it and factors associated with unmet needs.

In this study, 53.8% participants in the urban area and 46.2% in rural area are using modern contraceptives. Most common form of contraceptives which was used was Copper T, followed by oral contraceptive pills and condoms. Common reasons for not using modern contraceptives in urban and rural areas were that the participants used natural methods like withdrawal method, wanted a child followed by reasons like fear of side effects, no approval from husband's side, not aware of modern contraceptives etc.

In the present study, 74.2% of the married women in urban area and 31.7% in rural area had unmet need for family planning. The unmet need observed in urban area was much higher than that of rural area which is similar to the study done by Wai MM et al.[12] The reason behind such a difference may be because of the better awareness of women regarding contraceptives in rural area compared to that of urban area because of the awareness sessions conducted by the ASHAs and ANMs in rural areas and easy availability of contraceptives through ASHAs.

Illiteracy is a common factor, though no significant association seen, was contributing to unmet needs in both urban and rural group of population. This study provides evidence that education can greatly influence behaviour in a sustained favourable direction as educated women may have more control in decision making regarding family planning issues which is similar to the study findings by Rizwan SA et al.[13]

Table 4: Comparison of unmet needs between the urban and rural populations

Characteristics	Unmet needs					
	Urban n (%)			Rural n (%)		
	Yes	No	p-value	Yes	No	p-value
Age						
≤30	62(47)	27(58.7)	0.171	25(43.9)	74(60.2)	0.041
>30	70(53)	19(41.3)		32(56.1)	49(39.8)	
Type of family						
Nuclear	56(42.4)	23(50)	0.373	23(40.4)	41(33.3)	0.36
Joint	76(57.6)	23(50)		34(59.6)	82(66.7)	
Religion						
Hindu	61(46.2)	28(61)	0.052	47(82.5)	101(82.1)	0.695
Meitei	68(51.5)	15(32.5)		1(1.7)	5(4.1)	
Others	3(2.3)	3(6.5)		9(15.8)	17(13.8)	
Education of the woman						
Illiterate	10(7.6)	2(4.3)	0.064	2(3.5)	7(5.7)	0.212
Upto Class X	77(58.3)	18(39.1)		35(61.4)	67(54.5)	
Upto Class XII	28(21.2)	17(37)		6(10.7)	29(23.6)	
Graduate & above	17(12.9)	9(19.6)		11(19.3)	20(16.2)	
Occupation of the woman						
Private employed	4(3)	1(2.1)	0.719	1(1.8)	1(0.8)	0.17
Govt employed	10(7.7)	6(13)		2(3.5)	9(7.3)	
Self employed	8(6)	3(6.5)		19(33.3)	24(19.5)	
Housewife	110(83.3)	36(78.3)		35(61.4)	89(72.3)	
Total no. of living children						
≤2	116(87.9)	40(87.0)	0.87	44(77.2)	111(90.2)	0.019
>2	16(12.1)	6(13)		13(22.8)	12(9.8)	
Total no. of pregnancies						
≤3	105(79.5)	38(82.6)	0.653	26(45.6)	90(73.2)	0
>3	27(20.5)	8(17.4)		31(54.4)	33(26.8)	
Husband's approval						
Yes	32(24.2)	33(71.7)	0	25(43.9)	45(36.6)	0.352
No	100(75.8)	13(28.3)		32(56.1)	78(63.4)	

It was noted in the present study that women whose husbands approved the use of contraceptive methods were having less unmet needs for family planning than women whose husbands disapproved in urban area which was statistically significant. This is in accordance to the fact that husbands play an important role in making family planning decisions which was similar to the studies done by Kumar SD et al[14], Bhusal CK et al[15] and Bhattacharya SK et al.[16] The ignorance of the husband's desire for children can be an indication of lack of spousal communication on fertility and family planning. Women with advanced age (> 30years) was significantly associated with unmet needs in rural population which is in line to study findings done by Solanke BL.[17] Women with more number of children were also significantly associated with unmet needs in rural population which is in line with studies done by Nzokirishaka A et al[18] and Khan S et al.[19] This may be because women with higher parity and advanced age are the ones who haven't had practiced any kind of family planning ever in their lives due to ignorance or religious reasons or getting pressure from husband or family members, etc.

CONCLUSION

The unmet need observed in urban area was much higher than that of rural area. Women whose husbands approved the use of contraceptive methods were having less unmet needs for family planning than women whose husbands disapproved in urban area. Women with a greater number of children were also associated with unmet needs in rural population. Counselling of women following the unfounded fear of side effects of contraceptive methods will help increase the acceptance of family planning will help increase the acceptance of family planning methods. There is need to focus the programme on men as well as they often play an important and dominant role in decision pertaining to the family size and the use/ non-use of family planning methods.

LIMITATIONS

Since face-to-face interview was taken, the interviews can deliver biased responses. The study having the cross-sectional design, the fact that data for the outcomes reflected the situation at one point of time prevents establishing causality relations be-

tween the dependent and independent variables, but rather a mere association.

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