Prevalence of Unmet Need for Family Planning and Its Sociodemographic Co-Relates in a Rural Area of Etawah

Amit Kaushik[1], Kiran K[2], Pankaj Kumar Jain[3], Sushil Kumar Shukla[4], Anamika Chandra[2], Ruchi Yadav[2]

Author's Affiliation:
[1]Assistant Professor; [2]Post Graduate; [3]Professor & Head; [4]Professor (Jr Grade), Department of Community Medicine, Uttar Pradesh University of medical Sciences, Saifai, Etawah, Uttar Pradesh

Correspondence:
Dr. Amit Kaushik
dramitkaushik@gmail.com

ABSTRACT

Introduction: Acceptance of family planning is lagging behind even if community feels the need of restricting the fertility because of various socio-cultural factors, misconceptions and lack of knowledge. This study was aimed to study the prevalence of unmet need for family planningamong sexually active married women of reproductive age group in a rural area of Etawah and its co-relates.

Methods: Cross sectional study was conducted in Community Development Block, Saifai, Etawah, UP on810 sexually active females of reproductive age group. Subjects were included in study from purposively selected 5 villages of Saifai.

Results: The mean age of respondents was 29.19±6.7 years. The prevalence of unmet need for family planning was estimated to be 45.7% among study subjects. The prevalence of unmet need for family planning was found more among females of lower socioeconomic group, those with lower educational status and their partners as well, females having >2 children and females belonging to nuclear family and association of all these factors was found statistically significant with unmet need for family planning.

Conclusion: There is urgent need to focus the efforts on family planning towards all the females in reproductive age group in general and towards those older age group, illiterate belong to nuclear family and lower socio-economic status.

Key words: Family planning, unmet need, reproductive age

INTRODUCTION

Population control issue had gained interest of social economy of India in 1935, by the national planning committee. Subsequently national family planning welfare program was launched in India in 1952 with the focus on necessity of reducing the birth rates for stabilisation of national economic situation[1].Since the launch, family planning program has evolved over times with newer priorities and concept of family planning is not restricted only to decrease the birth rates, but also to promote reproductive health and reduce maternal and child mortality along with morbidity.[2]

Concept of unmet need refers to the difference between intention and demands of women in reproductive age group and the contraception behaviour and supply of family planning services. Developing countries contribute maximum proportion of unmet need prevalence, WHO has estimated the prevalence of unmet need for contraception around 225 million in developing countries.[3]Unmet need for family planning of India was 12.8%; ~6% for unmet need for spacing and ~7% for unmet need for limitation and contraception prevalence for any method was 64% according to NFHS-3 carried out in 2005-06.[4]Unmet need prevalence in Uttar Pradesh was 33.7% as per DLHS-3.[5]The acceptance of family planning is lagging behind even if community feels the need of restricting the fertility because of various socio-cultural factors, misconceptions and lack of knowledge. With this background the present study is an endeavour to achieve the following objectives:

OBJECTIVES

This study was conducted to determine the prevalence of unmet need for family planning among sexually active married women of reproductive age group in a rural area of Etawah; and to appraise evidence available on factors affecting unmet need for family planning among women of reproductive age group.

MATERIAL AND METHODS

A community based cross-sectional study was undertaken in Community Development Block, Saifai, Etawah. The study was carried from 1st August to 30th October2016.Sample size was calculated using unmet need prevalence data of Uttar Pradesh from DLHS-III[5] i.e.33.7%, with relative error of 10% the estimated sample size was 770, considering non-response rate of 10% sample size was increased to 810.

Eight hundred and ten females of reproductive age group (18-45yrs)were included in present study from purposively selected 5 villages of Saifai Community Development Block namely Geenja, Ujhiyanni, Bhaguiyya, Henwara, Lachwaipur.

Tools & technique of the study: House to house survey was carried out in all the selected villages by the post graduate students, who were trained prior to the interview, the questionnaire was pre-designed and pre-tested on sample population other than the study population, and necessary alterations were made after pre-testing the questionnaire with suggestions from departmental faculty.

Eight hundred and thirteen reproductive age group women were interviewed to elicit information regarding their socio-demographic characteristics like age, education, socio-economic status, etc. and information regarding unmet need for family planning using pre-structured and pre-tested questionnaire. Informed verbal consent was obtained from the study subjects prior to start of the study and only those who gave consent were included in the study. If two eligible females were found in a family, the younger one was selected for the study. Anonymity and confidentiality of data was assured. After the session of interview females who were found to have unmet need for family planning were educated, counselled, and referred to nearest health centre to avail family planning services. Out of 813, 3 females were widows and not sexually active, so they were excluded from analysis.

Definition of unmet need for family planning: Unmet need for spacing includes fecund women who are neither pregnant nor amennorrhic, who are not using any method of family planning, and say they want to wait two or more years for their next birth. It also includes fecund women who are not using any method of family planning and say they are unsure whether they want another child or who want another child but unsure when to have the childbirth. Unmet need for limiting includes fecund women who are neither pregnant norammenorrhic, who are not using any method of contraception and who want no more children.[4]

Ethical clearance: Ethical clearance was obtained from Ethical Committee of the institution.
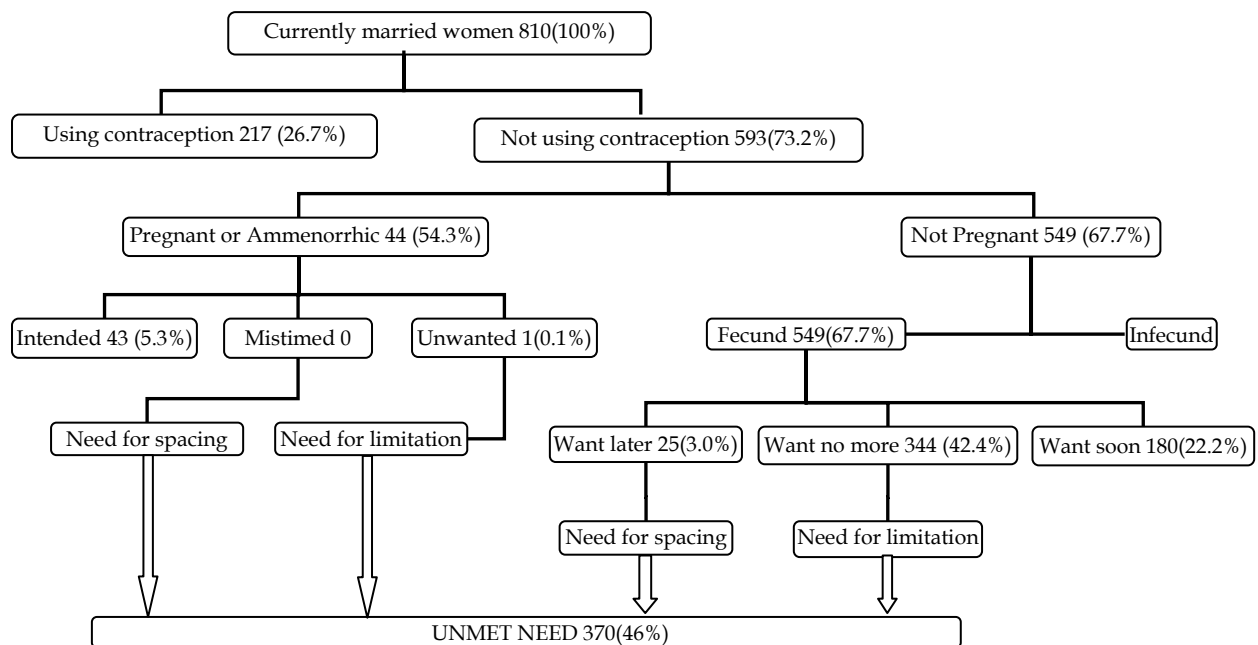

Figure 1: Unmet need for family planning among currently married females of reproductive age group in a rural area of Etawah (n=370)

Analysis of data: The data thus collected was coded and entered into computer in MS excel and then imported into IBM SPSS software package version 21 and analysed accordingly. For drawing inferences chi-square test was applied.

RESULTS

Various socio-demographic characteristics of 810 women of reproductive age group enrolled in present study are listed in table 1.The mean age of respondents was 29.19±6.7 years and mean age at time of marriage was 17.86±1.8 years. As far as the age wise distribution of the respondents is concerned maximum were in the age group 26-35 years i.e. 44.7%. Maximum were illiterate, belonged to Hindu religion and Other Backward Caste category. Maximum study participants belonged to class 4 (Upper-Lower) and least were from class 1 (Upper), approximately 41.0% belonged to below poverty line families and 57.4 % were from nuclear family. Maximum i.e.26.4% belonged to the group of 0-5years of married life. Age at consummation of 33.3% respondents was less than or equal to 18years.

The unmet need was calculated using westoff model for measuring unmet need,[7] currently married women were divided on the basis of usage of contraception, non-contraceptive users further divide into pregnant and non-pregnant women, pregnant females were further divided into wanted pregnancy, unwanted pregnancy or mistimed.

Non-pregnant females were divided into two categories on the basis sexually active or not, sexually active females were further divided into three categories on the basis of whether they are expecting a childbirth in future or not, if yes are they expecting within 2 years or not.

The prevalence of unmet need for family planning was estimated to be 45.7% among married females of reproductive age in the study population (Figure: 1).Unmet need for spacing and limitation was 43%and 3% respectively (Table: 2).

Major reasons for unmet need (Table-3) were found to be lack of knowledge about contraception (24%), misconception or fear of side effects (30%), opposition from husband or family members for the use of contraception (18%), lack the authority of decision making about family size and they agreed with family members view even if they had a different one (26%), 0.5% females said they are short of family planning services, where as 0.8% had religious belief as a reason for not using contraception.

Table: 1. Socio-demographic characteristics of study subjects

Characteristic	Women (n=810) (%)
Age (Years)	
16-25	288 (35.6)
26-35	362 (44.7)
35-45	160 (19.8)
Education	
Illiterate	327 (40.4)
Primary	212 (26.2)
High school	271 (33.5)
Religion	
Hindu	796 (98.3)
Muslim	14 (1.7)
Caste	
General	149 (18.4)
OBC	353 (43.6)
SC/ST	308 (38.0)
Socio-Economic Status*	
Class I	9 (1.1)
Class II	36 (4.4)
Class III	87 (10.7)
Class IV	409 (50.5)
Class V	269 (33.2)
BPL card	
Yes	333 (41.1)
No	477 (58.9)
Type of Family	
Joint	345 (42.6)
Nuclear	465 (57.4)
Partner's Education	
Illiterate	208 (25.7)
Primary	101 (12.5)
High school	304 (37.5)
Intermediate	197 (24.3)
Number of Children	
≤2	417 (51.5)
>2	393 (48.5)
Duration of Marriage (years)	
0-5	214 (26.4)
5-10	188 (23.2)
10-15	159 (19.6)
15-20	158 (19.5)
>20	91 (11.2)
Age at Consummation (Years)	
≤18	525 (64.8)
>18	285 (35.2)

*Modified B G Prasad's Socio-economic status classification[8,9,10]

Table: 2. Unmet need for Spacing and Limitation

Unmet need	Women (n=810)
Unmet need for spacing	345 (43)
Unmet need for limitation	25 (3)
Total Unmet need for contraception	370 (46)

Figure in parenthesis indicate percentage.

Association of unmet need for family planning among study subjects with their various socio-demographic characteristics was studied using chi-square test and it is shown in table 4.

The present study revealed that the prevalence of unmet need for family planning showed an in-

creasing trend with increase in age; it was found to be maximum among women of age group 35years and above and minimum among their counterparts who belonged to age group 16-25years and this association of unmet need for family planning with age was found statistically significant (p=0.001).

Table: 3. User perspective pertaining to not using contraceptive among those having Unmet need in a rural area of Etawah (n=370)

Reasons	Women (%)
Unaware	89 (24.0)
Fear of Side effects	112 (30.2)
Opposition from husband/ family members	68 (18.3)
Lack of supply	2 (0.5)
Lack of decision making authority	96 (25.9)
Religious belief	3 (0.8)

The prevalence of unmet need was found to have inverse relation with the education of females; the prevalence was least among females who were educated up to high school and above, maximum among females who were illiterate and the association was statistically significant (p=0.001).

Unmet need was more prevalent in lower socio-economic class (Modified B. G. Prasad's classification, AICPI=268, March 2016)[8,9,10] i.e. Upper and Upper-middle class combined showed 26.7% prevalence of unmet need, whereas lower-class showed 53.9% and this association was significant (p=0.001). Females belonging to the joint family were found to have less unmet need compared to their counterparts from nuclear family, this association was statistically significant (p=0.001).

The educational status of the partner was also found to have statistically significant association. Among illiterates the prevalence was 53.4% and it decreased along with increase in educational status of spouse, and was least i.e. 37.1% among females whose partner had education till 12thclass (p=0.01)

Unmet need prevalence was found more among women with more than 2 living children i.e. 62.6% where as women with 2 or less children showed unmet need 29.7% which was found to have statistically significant association (p=0.001)

Females with age of consummation ≤18years and those with >18years showed prevalence of unmet need 47.4% and 44.8% respectively but association was not statistically significant. (p=0.485).

Table: 4. Co-relates of unmet need for family planning

Variables	Unmet Need		Odds Ratio	95% CI	P Value
	Yes (%)	No (%)			
Age(Years)					
16-25	68(23.6)	220(76.4)	Referent	2.71-5.38	0.001
26-35	196(64.1)	166(45.9)	3.82	4.15-9.72	
36-45	106(66.2)	54(33.8)	6.35		
Education					
Illiterate	168(51.4)	159(48.6)	1.59	1.15- 2.21	0.017
Primary	94(44.3)	118(55.7)	1.2	0.84- 1.73	
High school	108(39.9)	163(60.1)	Referent		
Caste					
OBC	157(44.5)	196(55.5)	Referent		0.8
SC/ST	143(46.4)	165(53.6)	1.08	0.80- 1.47	
OTHERS	70(47)	79(53.0)	1.11	0.75- 1.62	
Socio-Economic Status*					
1 & 2	12(26.7)	33(73.3)	Referent		0.001
3	36(41.4)	51(58.6)	1.94	0.88- 4.26	
4	177(43.3)	232(56.7)	2.1	1.05- 4.18	
5	145(53.9)	124(46.1)	3.22	1.59- 6.49	
Type of Family					
Joint	120(34.8)	225(65.2)	Referent		0.001
Nuclear	250(53.8)	215(46.2)	2.18	1.64- 2.90	
Partner's Education					
Illiterate	111(53.4)	97(46.6)	1.94	1.31- 2.89	0.001
Primary	49(48.5)	52(51.5)	1.6	0.98- 2.60	
High school	137(45.1)	167(54.9)	1.39	0.97- 2.01	
Intermediate	73(37.1)	124(62.9)	Referent		
No. Of Children					
≤2	124(29.7)	293(70.3)	Referent		0.001
>2	246(62.6)	147(37.4)	3.95	2.95- 5.30	
Age at consummation(Years)					
≤18	251(47.8)	274(52.2)	1.28	0.96- 1.71	0.485
>18	119(41.7)	166(58.3)	Referent		

*Modified B G Prasad's Socio-economic status classification[8,9,10]

The prevalence among females who belonged to OBC category was least i.e. 44.5% followed by scheduled caste and other category of caste in whom it was 46% and 47% respectively, it was not found to be statistically significant (p0.38).

DISCUSSION

The present study revealed the prevalence of total unmet need for family planning 45.7% among currently married women of reproductive age. The unmet need for family planning in the present study is higher compared to state and national level values 12.8% and 33.7% respectively.[4, 5] It may be attributed to higher illiteracy among study subjects in comparison to district level literacy figures for Etawah district as per census 2011[11] and this could have the effect on knowledge of study participants regarding contraception. The total unmet for family planning in Etawah district as per DLHS III is 39.1% which is quite close to the findings of the present study. Slightly higher figure of unmet need in our study compared to overall figure of Etawah district may be because of the fact that the study was conducted in rural area, NFHS III also depicted that rural women have higher unmet need than urban women, similar fact was also revealed in a recent survey conducted in the state[12] and it may be because of better availability and accessibility to health and family planning services in urban areas.[13] Unmet need was highest among the illiterate while it was lowest among those who were educated up to high school and above. Unmet need was increasing with increase in age. These findings of the study is in concordance with national level findings of NFHSIII and state level findings of DLHS III, Choudary S *et al*, Nazir S *et al*, Sulthana B *et al* and Anand B *et al* have also found same results.[14,15,16,17] Similarly lowest prevalence of unmet need was found among the study subjects whose partners had higher level of education. The study conducted by Nazir S et al[15] has also reported same. Considering the association of total unmet need with caste, the findings of present study are similar to those of larger population representative sample surveys conducted in the country and state.[4, 5] Prevalence of total unmet need was high among the females of lowest socio-economic class of the society as compared to their counterparts of high socio-economic status. NFHS III and DLHS III also revealed this fact, in both the surveys it was found that unmet need was highest among the females who belonged to lowest category of wealth index.

CONCLUSION

The present study concluded that older females from lower socio-economic group with low literacy level had higher prevalence of unmet need for family planning. So is true in case of study subjects of nuclear family and whose partners were illiterate. There is urgent need to focus the efforts of family planning towards all the females in reproductive age group in general and towards those illiterate and belong to lower socio-economic status in particular to tackle this burning issue in our area.

REFERENCES

1. Family Health International. The status of family planning in India, New Delhi; Family Health International ; 2010.

2. NRHM.Family planning. Available at: http://www.nrhm. gov.in. Accessed September 10th, 2016.

3. WHO. Family planning.Available at: http://www.who.int. Accessed September 10th, 2016.

4. International Institute for Population Sciences(IIPS) and Macro International, 2007. National Family Health Survey (NFHS-3), Indian volume I. Mumbai: IIPS; 2005-06.

5. International Institute for Population Sciences (IIPS), 2010. District Level Household and Facility Survey (DLHS-3), India, Mumbai: IIPS; 2007-08.

6. Srivastava DK, Jain P, Kumar S, Bansal M, Gour N. An assessment of unmet need of family planning in Etawah district, Uttar Pradesh. Indian Journal of Public Health Research and Development. July 2011; 2(2):53-56.

7. Westoff, Charles F. New Estimates of Unmet Need and the Demand for Family Planning. DHS Comparative Reports No. 14, Calverton, Maryland, USA: Macro International Inc.;2006.

8. Prasad BG. Social classification of Indian families. J Indian Med Assoc 1961;37:250-1.

9. Prasad BG. Changes proposed in social classification of Indian families. J Indian Med Assoc. 1970;55:198-9.

10. Govt. of India. Labour bureau. Available at: http://labour bureau.nic.in. Accessed on September 10th, 2016.

11. Census of India. Office of Registrar General & Census Commissioner, Ministry of Home Affairs, Government of India; 2011.

12. Govt. of India. Annual Health Survey 2012-13, Office of the Registrar General and Census Commissioner India, New Delhi; Ministry of Home Affairs.

13. Kishore J. National Health Programs of India.10th ed. New Delhi: Century publication; 2012.96-97.

14. Choudary S, Saluja N, Sharma S, Gaur D, Pandey S. A Study on the extent and reasons of unmet need for family planning among women of reproductive age group in rural area of Harayana. The Internet Journal oh Health 2011;12(1).

15. Nazir S, Mittal A, Anand BK, Goel RKD, Singh J, Rashid A. Determinants of unmet need for family planning in a developing country: An observational cross sectional study. Natl J Community Med.2015;6(1);86-91.

16. Sulthana B, Shewade HD, Sundermurthy B, Manoharan K, Subramanian M. Unmet need for contraception among married women in an urban area of Puducherry, India. Indian J Med Res.2015;141.115-8.

17. Anand B, Singh J, Mohi M. Study of unmet need for family planning in immunistaion clinic of a teaching hospital at Patiala, India. The Internet Journal of Health 2010;11(1).