ORIGINAL ARTICLE
pISSN 0976 3325 | eISSN 2229 6816
Open Access Article
www.njcmindia.org

A Study on Socio-Demographic Factors Affecting the Unmet Need for Contraceptive Usage in a Rural Area

Mohammad Waseem Ansari[1], Shireen Nimra[1], Amruta S Indupalli [2], Shri Srinivas Reddy[3]

Financial Support: None declared
Conflict of Interest: None declared

How to cite this article:
Ansari MW, Nimra S, Indupalli AS, Reddy SS. A Study on Sociodemographic Factors Affecting the Unmet Need for Contraceptive Usage in a Rural Area. Natl J Community Med 2018; 9(4): 270-273

Author's Affiliation:
[1]Assistant Professor; [2]Professor and Head; [3]Assistant Professor in Biostatistics, Department of Community Medicine, ESIC Medical College, Gulbarga

Correspondence
Dr. Nimra Shireen
dr.nimra22@gmail.com

Date of Submission: 13-03-18
Date of Acceptance: 26-04-18
Date of Publication: 30-04-18

ABSTRACT

Introduction: The concept of family planning and its unmet need has been central to global family planning programs. The unmet need remains persistently high or is increasing in developing countries like India, indicating that greater efforts are needed to understand and address the causes of unmet need.

Objectives:-. The study was done to assess the unmet need for contraception among married women of reproductive age group and also to identify the socio-demographic factors associated with unmet need for contraception.

Materials and methods:-A cross-sectional community based study was carried out in a rural area in Karnataka. The study population included 563 married women aged 15-44 years. The data was collected using pre tested proforma and was analyzed using percentages and Chi-Square test.

Results:-The unmet need for family planning was 40.5%. The overall unmet need is low at the beginning of reproductive age, but it increased and reached a peak in the mid-twenties & then declined. The literacy status among women with unmet needs is plays a vital role.

Conclusion:-Despite a fair knowledge about the family planning methods, various socio-demographic factors affect the gap between a woman's expressed need and utilization of contraceptives.

Keywords: Unmet need, contraception, Family Planning, contraceptives, rural area

INTRODUCTION

Family planning is a "way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes, and responsible decisions by individuals and couples, in order to promote the health and welfare of the family group and thus contribute effectively to the social development of a country".[1] The concept of family planning and its unmet need has been central to global family planning programs and research for more than five decades, but it has perhaps never been more salient to research and practice than it is now. In the early decades of the family planning movement, the central justifications for programs were the reduction of environmental, economic and societal pressures of population growth. In the recent years, the paradigm for the motivation to support the use of family planning services has shifted towards helping both men and women to achieve their preferences for smaller families and for spacing the births.[2] The benefits of helping women and couples to access and utilise family planning effectively extend into many realms. These benefits include the prevention of risks associated with unintended pregnancies. On a wider horizon, improvement in accessibility of contraceptive methods can improve opportunities for employment and education for women and thus their participation in social and political domains.[3] "Unmet need for contraception is a powerful concept as it is based on women's own answer to the need survey question, it identifies the group most likely to prac-

tice the methods of contraception and most importantly it is a herculean task to reach and serve these women". In addition, change in preferences for having a child which often occurs in response to changing life circumstances such as entering a serious relationship, achieving aspired level of education or changes in household finances.[4] Over the past decade, the increased use of contraceptive methods have reduced the unmet need for family planning in most countries. However the unmet need remains persistently high or is increasing in developing countries like India, indicating that greater efforts are needed to understand and address the causes of unmet need.[5] This study aims to study the various sociodemographic factors associated to determine the unmet need for contraception among women in a rural area of Karnataka.

OBJECTIVES

The study was conducted to assess the Unmet need for contraception among married women of reproductive age group (15 – 44 years) and also to identify socio-demographic factors associated with unmet need for Contraception.

METHODOLOGY

A cross sectional study was conducted from December 2015 to November 2016 at Hebbal which is the Rural health training centre of the Department of Community Medicine, MR Medical College, Kalaburagi. A house to house visit was made in the study area, the nature, purpose and objectives of the study were explained to the women chosen for the study. All the married women, presuming to be sexually active between 15-44 years who are not using any method of contraception and/or, who either do not want to have any more children (limiting) and/or who want to postpone their next birth for at least two years (spacing) along with pregnant women whose pregnancy was unintended or mistimed and amenorrhoeic postpartum mothers whose recent birth was unintended or mistimed were included in the study. Females <15 years and >44 years of age along with pregnant women whose current pregnancy is intended and amenorrhoeic postpartum mothers whose recent birth is intended were excluded. The data was collected by interviewing the women using a predesigned and pre tested proforma it. Information was collected regarding demographic, socioeconomic, marital history etc. as per the proforma. The study was cross sectional and does not involve patient intervention methods; hence, ethical issue does not arise. The data were collected in a pretested Performa, computed in Microsoft Excel and analyzed using percentages and Chi-Square test.

RESULTS

It is observed from the above table that the unmet need for contraception was more among the women between 15-24 years and it reduced as the age advanced. The unmet need was not significant according to the type of family. It was also seen that the unmet need for contraception was maximum among those women who were diploma or degree holders i.e. 71.43% followed by the women who had studied post SSLC 29 (65.91%) and least among those women who were illiterate 112 (32.75%). With regards to occupation it was seen that 49.16% of housewives did not use any contraceptive method, followed by 35.63% of labours, 32.95% of farmers where as all women involved in other profession like teachers, nurses, peons, Anganwadi workers etc were not using any type of contraceptives. According to Modified B.G. Prasad's Classification, the need for contraceptive usage was seen maximum in Class I (71.43%) followed by 60.71% in class II and reduced thereafter. The unmet need for contraception according to occupation of women and their socio economic status was statistically significant.

Table-1: Socio demographic Profile of women under study

Demographic Varables	Total women	Women with unmet need (%)	P value
Age (in years)			
15-19	12	11(91.67)	>0.05
20-24	88	76(86.36)	
25-29	140	75(53.57)	
30-34	79	22(27.85)	
35-39	112	25(22.32)	
40-44	132	19(14.39)	
Type of Family			
Nuclear	397	160(40.3)	>0.05
Joint	34	16(47.06)	
Extended	132	52(39.39)	
Literacy status			
Illiterate	342	112(32.75)	>0.05
Primary	89	38(42.7)	
Secondary	60	29(48.33)	
Post SSLC	44	29(65.91)	
Diploma or above	28	20(71.43)	
Occupation			
Housewife	179	88(49.16)	**<0.05**
Farmer	88	29(32.95)	
Labour	261	93(35.63)	
Self-employed	22	5(22.73)	
Others	13	13(100)	
Socio-economic Status (Class)			
I	7	5(71.43)	**<0.01**
II	56	34(60.71)	
III	136	77(56.62)	
IV	286	93(32.52)	
V	78	19(24.36)	

DISCUSSION

The present study was a cross sectional, covering a target population of the study area which was the rural health training centre Hebbal attached to the Department of Community Medicine, MR Medical College, Gulbarga. All women who are married and presumed to be sexually active were included in the study. Majority of the women in the study population were between 20 and 34 years age group which is the most crucial period in the reproductive span. Nuclear families were more which an indicator of urbanization is. According to the NFHS-IV, the total unmet need for rural India is 13.2% and for rural Karnataka the total unmet need is 8.8%.[6] This shows that the unmet need in the study population is substantially more as compared to the National and State statistics indicating need for additional services in this area. Thiagarajan B.P, Adhikari in their study designed to estimate the level of unmet need and its determinants in Uttar Pradesh, found that 21% of women had unmet need for contraception.[7] Puri A et al[8] in their study in an Urban Slum of Delhi found that, 34.6% of the study subjects were contraceptive users which was lower than our study. In another study by Bhattacharya S.K et al[9] in women attending immunization clinics in medical college Kolkata, 45.83% women were contraceptive users which was lower than our study. This shows that there is not just interstate but also intrastate difference in the use of family planning methods.

The highest need (66.23%) is between 20-29 years of age. Women in the nuclear families tend to have more privacy to use family planning than do women in non-nuclear families. According to a study by Radha Devi D et al[10] in urban and rural areas of Uttar Pradesh, the unmet need is highest at ages 15-19 years (39%) which was higher than our study. This may be due to early marriage in Vogue in Uttar Pradesh and 29% of women with unmet need belonged to nuclear family and a study by Mohanan P et al[11] in rural areas of Dakshina Kannada district found that, 60.2% of the non-users belonged to the nuclear families which were lower than our study. All these studies were almost a decade old when nuclear families were used to be less compared to joint or extended families.

A study by Ahmadi A[12] based on the Demographic Health Survey of Iran, Unmet need showed significant reduction with increase in socio-economic status which is similar to our study. Another study by Daniel Sahleyesus et al in Ethiopia, socioeconomic and cultural factors that may affect contraceptive use and unmet need are place of residence, religion or fatalistic reasons, work status/occupation, education, husband or relatives disapproval, lack of knowledge about contraceptive methods, actual or perceived fear of side effects.[13]

The association of literacy status among women with unmet needs is statistically highly significant. Radha Devi D et al[9] in their study in urban and rural areas of Uttar Pradesh found that, 30% of the women who had unmet need were illiterates, Bhattacharya S.K et al[8] in their study in Kolkata showed that 43.3% of the women with unmet need were illiterates, and Bhupinder Kaur Anand et al[14] in their study in an immunization clinic in Patiala found that, unmet need was more in illiterate women (23.26%). Unmet need can be a powerful concept for family planning programmes as it is firstly based on women's own statements in answer to survey questions. Second, it identifies the group most likely to be interested in contraception but not already using contraception. Third, it poses a clear challenge to reach and serve these women.[15] In our study, the unmet need was lower among illiterate women as majority of them underwent tubectomy maybe due to early marriage or early child birth due to high illiteracy and incentives associated with 2 child norms, but still illiterate females contribute to 49% (112 out of 228) of total unmet needs in the study population indirectly reflecting the that education plays a major role in addressing the unmet needs in the family planning.

CONCLUSION

The overall unmet need is low at the beginning of reproductive age, but it increased and reached a peak in the mid-twenties & then declined. Women in the nuclear families tend to have more privacy to use family planning than do women in non-nuclear families .The literacy status among women with unmet needs is plays a vital role. This indicates factors like literacy, type of family and socioeconomic status affect the gap between a woman's expressed need and utilization of contraceptives. Addressing these problems and barriers and effective implementation of family welfare programmes would help us in the long run to reduce the unmet need for family planning further. Continued efforts are needed and can have a tremendous impact on the ability of women and couples to avoid unintended pregnancies and achieve their fertility goals, and on the health and well-being of women, their families, and society.

Acknowledgement

We would like to thank all all the women who have participated and enabled the study to be con-

ducted successfully. We would also like to thank Dr. I Amruta Swati for her valuable inputs.

REFERENCES

1. Park K. Park's Text Book of Preventive and Social Medicine. 24th ed, Jabalpur. M/s. Banarsidas Bhanot publishers. 2017: 525.
2. Ashford LS, New perspectives on population: lessons from Cairo, *Population Bulletin,* Washington, DC: Population Reference Bureau, 1995, Vol. 50, Issue 1. p 1-44
3. Singh S et al., Adding It Up: the Benefits of Investing in Sexual and Reproductive Health Care, New York: The Alan Guttmacher Institute (AGI) and UN Population Fund, 2003.
4. Rhonda Smith. The faces of Unmet Need for Family Planning. Available from URL https://www.prb.org/faces-unmet-need-familyplanning/ accessed April 4th, 2018
5. Lori Ashford. Unmet Need for Family Planning: Recent trends and their implications for Programs. Population Reference Bureau. Available from URL https://www.prb.org/unmet-need/ accessed April 4th, 2018
6. National Family Health Survey-4, Fact Sheet Karnataka (Provisional Data), 2015-2016, available from the URL http://rchiips.org/NFHS/factsheet_NFHS-4.shtml accessed April 4th, 2018
7. Puri A, Garg S, Mehra M. Assessment of Unmet Need for Contraception in an Urban Slum of Delhi, Indian Journal of Community Medicine, July-Sept 2004 ; 29(3): 139-140.
8. Bhattacharya S.K, Ram R, Goswami D.N, Gupta U.D, 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 Journal of Community Medicine, April-June 2006; 31(2): 73-75.
9. Radha Devi D, Rastogi SR and Retherford RD: Unmet need for family planning in Uttar Pradesh. National Family Health Survey Subject Reports No. 1 1996; 2: 25.
10. Thiagarajan BP and Adhikari R : The level of unmet need and it's determinants in Uttar Pradesh. Journal of Family Welfare 1995; 41(4):66-71
11. Mohanan P, Kamath A, Sajjan B.S. Fertility Pattern and Family Planning Practices in a Rural Area in Dakshina Kannada. Indian Journal of Community Medicine, Jan-March 2003; 28(1): 35-38.
12. Ahmadi A. Unmet need for family planning in Iran. International Union for the scientific study of population. XXV International Population Conference Tours, France, Jul 18-23, 2005. P 22
13. Daniel Sahleyesus. Determinants of Contraceptive Use and Unmet Need among Married Women In Urban Ethiopia. Ethiopian Journal of Health Development. 1996; 10(2):97-104.
14. B. Anand, J. Singh & M. Mohi. Study of Unmet Need for Family Planning In Immunisation Clinic of A Teaching Hospital at Patiala, India. The Internet Journal of Health. 2010; 11(1): 23-24.
15. Robey B, Ross J, Bhushan I: Meeting unmet need: New strategies. Population Report J (43)1996; 24 (1): 1-35.