

## Original Research Article

# A study to assess the unmet need for contraception among married women in the rural field practice area of a medical college Jhansi

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### ABSTRACT

**Background:** The concept of unmet need for family planning points to the gap between some women's reproductive intentions and their contraceptive behaviour.

**Methods:** A community based cross-sectional study was conducted from April 19 to March 20 in rural Jhansi. 520 married women (15-49 years) were interviewed by house to house survey.

**Results:** Out of 520 participants 124 (23.8%) had unmet need, out of them 73 (14.03%) had unmet need for spacing births and 41 (9.8%) of the participants had unmet need for limiting births.

**Conclusions:** The unmet need for contraceptives was 23.8% in the study which is much higher compared to NFHS-4 data for urban UP (19.6%), and it has to be taken in to consideration by policy makers.

**Keywords:** Unmet need, Married women, Reproductive age-group

### INTRODUCTION

India is the second most populous country in the world next only to that of the Peoples Republic of China. If the current trend continues, India will overtake China in 2050 and will become the most populous nation in the world.<sup>1</sup> Ever since the family planning (FP) programme was introduced, India's demographic and health profile has changed radically.<sup>2</sup> The United Nations estimated that world population grew at an annual rate of 1.23% during 2000-2010 whereas India's population grew at 1.4% per annum during 2002-2012.<sup>1</sup> The National population policy (NPP) 2000 states that the immediate objective is to address the unmet need for contraceptive services. The concept of unmet need for family planning points to the gap between some women's reproductive intentions and their contraceptive behaviour.<sup>3</sup> It includes all women who are married and presumed to be sexually active, who will not be using any method of contraception and who either

did not want to have any more children or wanted to postpone their next birth for at least two more years.<sup>4</sup> Two-thirds of unintended pregnancies in developing countries occur among women who are not using any method of contraception. This indicates the failure to take necessary decisions to prevent and avoid unwanted pregnancies.<sup>5</sup> It poses a challenge to family planning programs. By responding to the concerns of women with unmet need, programs can serve more people and serve them better. Programs can respond best if they have a strategy that focuses on women with unmet need as a distinct audience and clientele. To develop such a strategy, we need to understand the various reasons for unmet need, based on qualitative and survey data.

#### Objective

Objective of the current study was to assess the unmet need for family planning services among the women

living in rural area of Jhansi and to study the factors associated with it.

## METHODS

### Study design, area, period and population

Current study is a cross sectional study conducted in the field practice area of department of community medicine, Maharani Laxmibai medical college Jhansi, UP. Jhansi district has 8 blocks in which 3 blocks (Moth, Badagaon, Chirgaon) were under our field practice area, out of which one block Chirgaon has been selected randomly. Five village panchayats were selected randomly to cover the required sample size. House to house visit was done to find the study subjects. The Study was conducted from April 2019 to March 2020 on married women (15-49 years) living in the rural field practice area.

### Inclusion criteria

Inclusion criterion for current study was married women in the age group 15-49 years.

### Exclusion criteria

Exclusion criteria for current study were women with psychiatric morbidity; women with difficulty in hearing and speech and women not willing to participate in the study.

### Sample size and method

According to NFHS-4 fact sheet Uttar Pradesh the prevalence of unmet need of family planning services in rural area of Uttar Pradesh was 19.6%.<sup>14</sup> Sample size is calculated using the formulae:

$$n = 4pq/d^2$$

Where p is the prevalence=19.6%; q=100-p=100-19.6=80.4 and d=relative error 18% of p=(19.6×18/100)=3.5. By substituting the values in the above equation, sample size n=514 was worked out which was rounded off to 520. Multi stage random sampling method was used in current study.

### Data collection

The selected villages were visited and specified numbers of study subjects were selected. Data were collected by personal interview during house-to-house visit using a pre-designed, pretested, and semistructured questionnaire. Informed consent was taken from the participants.

### Data entry and analysis

Data were entered in Microsoft excel 2007 and analyzed using SPSS version 20.0 (trial version). Chi square test was used to find out the association between the factors.

## Operational definitions

Contraception: contra+ception contra in Latin for against and conception is for the act of conceiving or becoming pregnant. Contraception is the use of any method or system that allows sexual intercourse and yet prevents conception. Family planning: 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. Unmet need for modern family planning methods: the percentage of women of reproductive age who are not using any modern method of family planning but who would like to postpone the next pregnancy (unmet need for spacing) or do not want any more children (unmet need for limiting). The sum of the unmet need for limiting and the unmet need for spacing is the total unmet need for family planning. Met need for modern contraceptive methods: refers to those currently married women who want to space births or limit the number of children and are using modern contraceptive methods to avoid unwanted or mistimed pregnancies. Total demand for family planning: the total demand for family planning is the sum of unmet need and met need. Fecundity: the power or quality of being able to produce offspring.

## RESULTS

Out of 520 participants 124 (23.8%) had unmet need, out of them 73 (14.03%) had unmet need for spacing births and 41 (9.8%) of the participants had unmet need for limiting births (Figure 1).

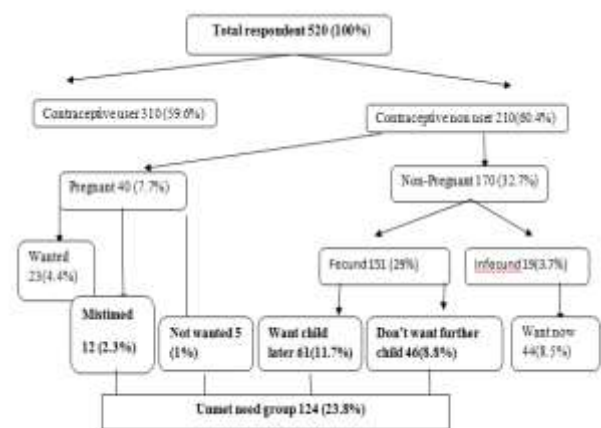


Figure 1: Schematic derivation of unmet need.

Among the reasons stated for unmet need lack of knowledge and fear of side effect were seen in more cases. Lacks of knowledge and health reason/fear of side effects were the main reasons for unmet need in 42 and 32 respondents respectively. Low perceived risk was seen in 20 women and 11 had opposition from partner. Religious reasons were found in 4 respondents.

**Table 1: Distribution of study participants as per met need and unmet need.**

Variable	Response	Met need (N=310) frequency	Unmet need (N=124) frequency	Total	P value
Age group (years)	15-24	66	60	126	0.0000
	25-34	228	62	290	
	35-49	16	2	18	
Age at marriage group (years)	<18	85	35	120	0.8
	18-21	150	56	206	
	>21	75	33	108	
Presence of male child	Yes	196	63	259	0.01
	No	114	61	175	
Educational status	Illiterate	35	5	40	0.08
	Primary	121	43	164	
	Secondary	109	55	164	
	Graduation	45	21	66	
Perceived availability	Yes	301	72	373	0.00000
	No	9	52	61	
No of children in the family	Nil	1	4	5	0.00000
	1	6	9	15	
	2	100	63	163	
	2+	203	48	251	

There exists a statistical significant difference between the met and unmet need groups with age. Among the 520 respondents, 81.3% (423) knew where to get a contraceptive. Among them 384 said they could get in from government health post, 26 from private doctors and hospitals and 13 from pharmacy. First preferred choice of public health post was seen in 382 of them. Among them 81% felt their preferred place was convenient (Table 1).

## DISCUSSION

In the study out of 520 participants 124 (23.8%) had unmet need, out of them 73 (14.03%) had unmet need for spacing births and 41 (9.8%) of the participants had unmet need for limiting births. The unmet need is quite high as compared to NFHS-4 data for Jhansi district wherein the total unmet need was 7.7% with 3.8% for spacing. The reasons for this difference could be the area we studied was inhabited by people belonging to lower socio-economic status, lower education status, early marriage, lack of awareness and religious beliefs in the dominant population residing in the area. According to NFHS-4 for Uttar Pradesh state, overall unmet need in rural Uttar Pradesh is 19.6% and with 7.5% for spacing births. In another study from UHTC area attached to MR Medical college in Gulbarga by Ansari et al, the total unmet need was 28.9%, which is higher than our finding.<sup>7</sup> Rini et al conducted a study in rural areas of Davangere taluk where the unmet need was 16.7%, with 13.6% unmet need for spacing and 3.1% unmet need for limiting.<sup>8</sup> Shukla et al in urban slums of Lucknow also found a higher unmet need (62.5%) among young married women. However, Pal et al reported very high (85.5%) unmet need in the urban slums of Lucknow about a

decade ago.<sup>9,10</sup> Many studies indicate that lack of sufficient knowledge contribute to more than two thirds of all unmet need.<sup>11</sup> In current study also we find 42 women with unmet need attributed lack of knowledge.

## CONCLUSION

The unmet need for contraceptives was 23.8% in the study which is much higher compared to NFHS-4 data for urban UP (19.6%), and it has to be taken in to consideration by policy makers. The reasons for non usage of contraceptives like partner disapproval, preference for male child, religious beliefs should be addressed to while giving health education. Measures to improve accessibility, good services by health personnel to avoid inconvenience among women should be taken as these were important reasons for unmet need.

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