

# Unmet need for family planning in South India

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## Abstract

**Introduction:** Family planning contributes effectively to the social development of a country. This study was carried out to assess the unmet need for contraception among the married women of rural area of Davangere taluk and to determine the factors associated with unmet need for contraception

**Methods:** A community based cross sectional study was conducted among 1020 married women in the reproductive age group 15-49 years of 24 villages in Davangere taluk of Karnataka. They were interviewed using a pre-tested semi-structured questionnaire.

**Results:** The total unmet need was 16.7% with 13.6% for spacing and 3.1% for limiting. The most important reason for unmet need was want of a male child in the future by spouse (63.3%) ignorance (41.6%), and fear of side effect (15.8%).

**Conclusion:** Reducing unmet need is important for helping couples achieve their reproductive goals and for preventing unintended pregnancies that lead to abortion. In order to address the unmet need appropriate counseling for motivation of eligible couples to take up contraception at the earliest is needed.

**Keywords:** Unmet need, Family planning, rural women.

## 1. Introduction

Family planning contributes effectively to the social development of a country [1]. Many women who are sexually active and prefer to avoid becoming pregnant, nevertheless are not using any method of contraception (including use by their partners). These women are considered to have an “unmet need” for family planning. The concept is usually applied to married women [2]. According to the National Family Health Survey-2(1998-99) about 16 percent of currently married women in India have an unmet need for family planning [1]. According to the National Family Health Survey-3 (NFHS-3), the national figure for unmet need is 13 per cent. According to the District Level Household and Facility Survey-3 (DLHS-3), unmet need of contraception in India is 21.3 per cent, with 7.9 per cent for spacing and 13.4 per cent for limiting [3]. The standard formulation of unmet need has been used[2].

This study was carried out among the married woman of age group 15-49years in the rural areas of Davangere taluk in 2005-06 to assess the unmet need for family planning among the married women of rural area of Davangere taluk and to determine the factors associated with unmet need for family planning.

## 2. Materials and methods

A community based cross sectional study was conducted in the rural areas of Davangere taluk which comprises of 235 villages. Out of this, 24 villages were selected by systematic random sampling.

### 2.1 Data collection

1020 married women in the reproductive age group 15-49 years of 24 villages of Davangere taluk were included in the study done in 2005-06.

The total female population of the selected villages was collected and the corresponding number of females to be interviewed per village was calculated in proportion to the total sample size (1020). The households are selected by random sampling procedure. All the members of the study group (married females) were interviewed using a pre-structured questionnaire. Assessment of socio-economic status was by modified B.G. Prasad classification [4].

## 2.2 Sample size

Sample size was calculated taking prevalence as per NFHS 2, allowable error 5%, 95% confidence interval. Final sample size to be surveyed was 1020.

## 2.3 Study tool:

The interviewer administered questionnaire was pretested. It contained questions pertaining to age, occupation, education, type of family and other socio-demographic characteristics. The answers were obtained without prompting.

## 2.4 Statistical Analysis

The data obtained was analyzed and appropriate statistical tests were applied by using SPSS 13 software package [5]. Descriptive data included mean, number and percentages. Categorical data was analyzed by Pearson's Chi-Square test. For all tests a p value of 0.05 or less was considered for statistical significance.

## 3. Results

A Community based cross sectional study was conducted among 1020 married women aged between 15-49 years in 24 villages of Davangere taluk.

### 3.1 Socio-Demographic characteristics

Majority, 272 (26.7%) were in the age group 25-29years. Only 31(3.5%) were in the age group 15-19years. The mean age of women was 28.76 years. The peak age of marriage was between 16-19yrs in 452(44.3%).

Only 6(0.6%) had marriage after 30yrs. The mean age of marriage was 18.55yrs. Least age of marriage was 12yrs and highest 35yrs. Majority 972(95.3%) were Hindus and the rest 48(4.7%) Muslims. Almost one-third 299(29.3%) were educated up to high school and 249(24.4%) were illiterate. Among husbands of the women, more than half - 535(52.5%) have obtained high school education and above, while 193(18.9%) are illiterate. Most of the women are homemakers 899(89.1%) while most of the husbands are engaged in agricultural activity 478 (46.9%). Majority of the eligible couples (41.5%) have 2children or 3 children (24.2%). Only 8 (0.8%) had 5 children. Majority of the rural women belonged to high socio-economic status class IV- 338 (33.1%) and class V-525 (51.5%). Only 4(0.3%) women have history of induced abortion. Current use of contraceptive usage was found to be permanent method (tubectomy) among most of them 632(62%), Copper T in 19(1.9%), Oral pills 12(1.2%) and male condoms in 4(0.4%) Injectables in 1, traditional methods in 92(9.12%). The main reason for non usage of any method of contraception among 259 non users was want of male child in the future by husband in 164 (63.3%), ignorance in 108 (41.6%) and fear of side effects in 41(15.8%).

**Table 1: Distribution of married women according to their Unmet Need (Figure in parenthesis indicates percentage)**

Age Distribution (Years)	Unmet Need	Met Need (Current usage)	Total
15-19	3 (1.75)	13 (1.70)	16(1.7)
20-24	76 (44.4)	127 (16.68)	203(21.78)
25 – 29	57 (33.3)	201 (26.41)	258(27.68)
30 – 34	21 (12.28)	175 (22.99)	196(21.03)
35 – 39	5 (2.92)	164 (21.55)	169(18.13)
40 – 45	3 (1.75)	81(10.64)	84(9.01)
Total	171(100)	761 (100)	932(100)

**Table 2: Association between Socio demographic Characteristics and Unmet Need (Figures in parenthesis indicates percentage)**

Characteristics	Unmet Need (N=171)	Met Need(N=761)	Total(932)	p value	x <sup>2</sup> square value
<b>Education of wives</b>					
Illiterate	35 (15.15)	196 (73.16)	231	0.001	18
School	80 (25.8)	230 (74.19)	310		
High School	36 (13.24)	236 (86.76)	272		
College	20 (16.81)	99 (83.19)	119		
<b>Education of Husbands</b>					
Illiterate	33 (18.3)	147 (81.67)	180	0.04	8.3
School	53 (19.92)	213 (80.8)	266		
High School	52 (22.61)	178 (77.39)	230		
College	33 (12.89)	223 (87.11)	256		
<b>Religion</b>					
Muslim	12 (30.77)	27 (69.23)	39	0.04	4.19
Hindu	159(17.8)	734(82.2)	893		

Table 2 continue.....					
Socio Economic Status					
≤III(High)	17(12.23)	122 (87.77)	139	0.04	4.08
IV and V(Low)	154 (19.42)	639 (80.58)	793		
Type of Family					
Joint	130 (28.63)	324 ((71.37)	454	0.00	62.52
Nuclear	41 (8.58)	437(91.42)	478		
No of Living Children					
2 and less	153 (24.06)	483 (75.94)	636	0.00	43.57
3 and more	18 (6.08)	278 (93.92)	296		
Awareness reg availability of fam pl services					
No	119 (80.41)	29 (19.59)	148	0.00	452.28
Yes	52 (6.63)	732 (93.37)	784		
Number of fam pl methods(Pills, Condoms, OCPs , permanent methods)					
1-2	37 (5.92)	588 (94.08)	625	0.36	0.85
≥3	11(8.03)	126 (91.97)	137		

#### 4. Discussion

The mean age of the study group was 28.76 and the highest numbers of women were in the age group 20-29 years corresponding to the peak reproductive age groups. Only 3.5 per cent of women were in the age group 15-19 years compared to 10.3 percent in India [6] probably because of the older age of married subjects present in the study group.

The mean age at marriage in the present study reveals to be 18.55 years. This is above the legal age of marriage of 18 years but greater than the average age at marriage of 17 years [7]. As per the 1989 Bangladesh Fertility Survey data, the average age at marriage was 15 years [8]. Majority of couples had 2-3 children in present study which is similar to the average number of living children for all the women (2.80)[7] in Bombay and (2.9) per women in Delhi[18]. Also only 9.12% revealed the use of traditional method in our study compared to 21.8% in Delhi[10]. The present study reveals that majority (62%) of the study population employed tubectomy as the contraceptive method, and among spacing methods copper T (2%) was the most popular method and injectables the least popular method. NFHS – 2 (1998-99)[11] reveals that in India COCs are used by 2% of currently married women, condom (3%), IUDs (2%) and female sterilization (34%). None of the responders' husbands in the present study had accepted vasectomy and this is similar to the finding in a study in Delhi. But among spacing methods condom was most popular, injectables the least popular method [10,12]. The main reason for non usage of any method of contraception among 259 non users in present study was want of male child in the future by husband in 164 (63.3%), ignorance in 108 (41.6%) and fear of side effects in 41(15.8%). This is almost similar to study by Puri in Delhi in which non users cited desire of a child in future as main reason (46%) for non-usage of contraception and secondly

ignorance (30%) 9% reported opposition by husband or relatives as main reason for non-usage[10].

Unmet need for contraception in our study was 16.7% with 139(13.6%) for spacing and 32(3.1%) for limiting. No demand for contraception was in 88(8.6%) as they were either recently married or planning for a child in near future (Fig 1). A study by Ghosh M.N. found that the extent of unmet need among married women of reproductive age was 23.1% [13]. As per the DLHS-RCH survey [14] conducted in India in 2002-2004 total unmet need is 21.1%, with unmet need for spacing 8.5% and unmet need for limiting 12.7%. The present study revealed the use of induced abortion in 0.3% which is far less than that 51.4% found in a study in Delhi [15].

Table 2: There is a reduction in unmet need with increase in the education level of women which was highly significant. Improvement in education of husbands has shown significant reduction in the unmet need for family planning. Total unmet need for contraception among Muslims was greater (30.76%) than for Hindus (17.8%). Unmet need reduces significantly with improvement in the socio economic status and is nil among those of higher SES (Class I and II) compared to lower SES (V) (58.5%).

Unmet need for contraception was higher in joint family and those with children two or less, those with lack of awareness regarding family planning services. Those who were aware of more than 3 methods of family planning had greater unmet need than those with awareness of 1-2 methods.

Ignorance regarding the availability of services for family planning was more in the unmet need group compared to contraceptive users in the present study. In Morocco 42% women with unmet need say it is difficult to gain access to contraceptive services compared with only 24% of contraceptive users.[2] The highest unmet need is among those knowing about Copper T and permanent

method holds the highest population among those with met need.

The present study revealed that 20% of the rural population was ignorant of any method of contraception. The knowledge regarding any one modern method is 43% in the present study compared to 99% as per DLHS-RCH II Survey [4] - probably due to wide variation in sample sizes between the two. Unmet need is higher among the women found to know one method of contraception and least among those knowing 4 methods of contraception. Thus present study shows that unmet need reduces significantly with increase in the awareness regarding number of methods. Similar association is seen in other studies [2-4].

The present study reveals the main predictor variables that show significant reduction in unmet need are type of family with joint family having the maximum unmet need and extended family the least, total number of living children with zero unmet need in those having more than 3 living children, knowledge regarding the availability of services, current breast feeding behaviour and pregnancy status. Other significant factors include education of both wives and husbands, low socio-economic status, occupation of wives and their awareness of more number of methods of contraception.

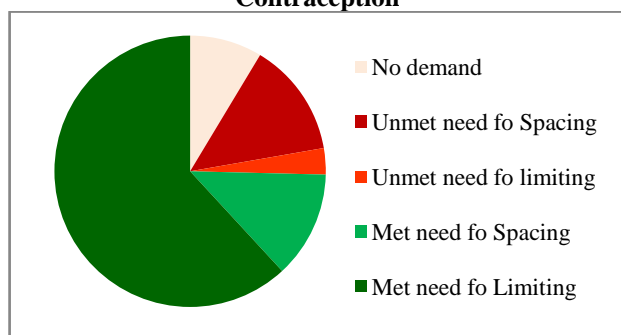
## 5. Conclusion

Reducing unmet need is important for helping couples achieve their reproductive goals and for preventing unintended pregnancies that lead to abortion. In order to address the unmet need appropriate counseling for motivation of eligible couples to take up contraception at the earliest is needed.

## 6. Recommendation

Appropriate counseling and follow-up services to motivate the couple for initiation of family planning at the earliest. Since discontinuation is due to opposition from husband or other family members, emphasis on adequate counselling of the male partner, mothers-in-law and even elders of the house is needed to reduce the discontinuation of contraception.

**Fig 1 Distribution according to their Need for Contraception**



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