

**Unmet Needs For Family Planning
In UHTC area of Government Medical College Bhavnagar**
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Abstract: Background & Objectives: India, with 1.22 billion populations, is the second most populous country in the world. India contributes 17.31% population in the world. Demographers expect India's population to surpass the population of China by 2030. Recent data of NFHS III revealed that 13% of married women have unmet need for family planning in India so this study was planned to estimate the prevalence of unmet need for Family Planning among married women of reproductive age residing at UHTC area Government Medical College Bhavnagar and to find out the determinants of unmet need for Family Planning in the study population. Methods: This was a cross sectional descriptive study conducted in UHTC catchment area of Government Medical College; Bhavnagar from August 2011 to October 2011. The calculated sample size was 140 (P=9.76, L=5%). A total 150 married women of reproductive age group (15-49 years) were interviewed for the same with their informed consent. The data were entered and analysed in software epi.info.3.5.1. Results: The prevalence of unmet need for Family Planning in UHTC catchment area was found to 18.7%. The unmet need was higher for temporary methods of Family Planning (10.0%), in the women age group of 20-29 years (71.5%), Illiterate (42.8%), Muslim women(42.8%), poor knowledge of contraception(82.1%), no advice on Family Planning (57.1%) and no male participation (75.0%). These entire variable were found to be associated with high unmet need for Family Planning (P<0.05). Interpretation & Conclusion: The present study concluded that the percentage of unmet need years, low education and also in Muslim religious women. To decrease unmet need family planning measures should be specifically directed toward this group of women. Health education and strategic behaviour change communication for appropriate target audience is requiring cope up unmet need.[Nayak A et al NJIRM 2013; 4(5) : 86-89]

Key Words: Cross sectional study, Family Planning, Unmet need

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Introduction: India, with 1.22 billion populations, is the second most populous country in the world. India contributes 17.31% population in the world.¹ Demographers expect India's population to surpass the population of China by 2030. ² The rapid growth of population is one of the major problems faced by India now. It is, therefore, necessary to slow down the population development even more in order to reduce the grave consequences of the "population explosion". Family planning programme is perhaps the most effective policy intervention to control fertility and stabilise population size. Contraception is the need of the day to counteract the explosive increase in population, but one or another reasons women have their need of contraception is unmet.³

The unmet need for family planning has shown a slow decline over time. In Developing regions Unmet need for family planning among women aged 15-49, married or in union were 16%, 13.5%

and 12.8% in 1990, 2000 and 2010 respectively.⁴ The findings of National family health survey III show that in India 13% of married women have unmet need for family planning, decreased from 20% in NFHS I and 16% in NFHS II.⁵ As per NFHS III, in Gujarat 8% unmet need for family planning, decreased from 13% in NFHS I and almost unchanged since NFHS II (9%).⁶

The reasons for unmet need for Family Planning are difficulty in access Family Planning services, health concerns about contraceptives and side effects, lack of information, opposition from husbands, families and communities and little perceived risk of pregnancy etc.⁷ So it is very important to access the contraceptive needs and factors affecting for unmet need in particular community and family to meet their need for contraception. So this study was planned to estimate the prevalence of unmet need for Family Planning among married women of reproductive

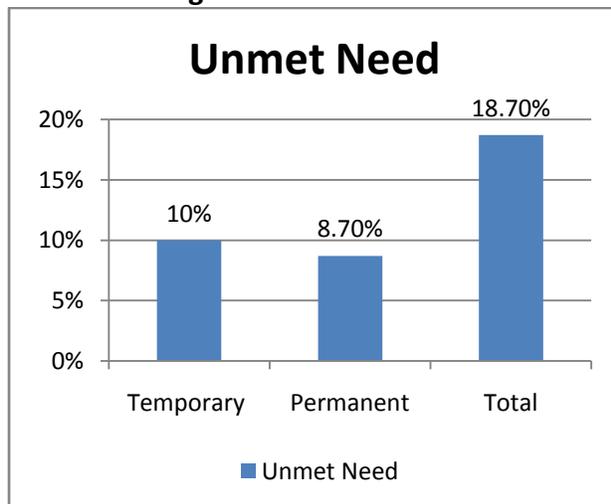
age residing at UHTC area Government Medical College Bhavnagar and to find out the determinants of unmet need for Family Planning in the study population.

Material and Methods: This was a cross sectional descriptive study conducted in UHTC catchment area of Government Medical College; Bhavnagar from August 2011 to October 2011. Based on the prevalence of unmet need for family planning among married women in urban area we calculated sample size of 140 ($P=9.7^5$, $L=5\%$). A total 150 married women of reproductive age group (15-49 years) were interviewed for the same with their informed consent. The data were entered and analysed in software epi.info.3.5.1.

Results and Discussion

The prevalence of unmet need for Family Planning in UHTC catchment area was found 18.7%. According to NFHS-III survey the unmet need for Family Planning was 13% for India and 8% for Gujarat.^{5,6} A studies by Indu. D et al⁷ shows that the prevalence of unmet need for Family Planning was found to be 17 % in urban slums of Trivandrum corporation area which is a similar finding as our study.

Figure 1: Unmet Need



In our study, we have found that the unmet need was higher for temporary methods (10.0%) than for permanent methods (8.7%) of Family Planning. According to NFHS-III survey, in Gujarat the unmet need for temporary methods was 4.3% and

Permanent methods was 3.7%⁶ which were quite lower than our study, this suggest that there is need for conducting extensive study in this area for getting actual figures. In our study majority of the female who have unmet need belongs to age group 20-29 years that is 71.42%. The need for family planning was differing from one age group to another age group. This difference for their need was found statistically significant ($P < 0.05$). We can see from the table 1 that the unmet need decreases with age for women is increase. A study by D. Radha Devi⁸ in Uttar Pradesh shows that unmet need (39%) is highest at an age 15–19 years which is showing lower the age of married women higher is the requirement for contraception.

Table: 1 Determinants of Unmet Need

Variable	Unmet Need		χ^2
	Yes	No	
Age Group (Years)			
15-19	00 (00.0)	03 (02.5)	21.88*
20-24	12 (42.9)	17 (13.9)	
25-29	08 (28.6)	21 (17.2)	
30-34	05 (17.9)	22 (18.0)	
35-39	03 (10.7)	17 (13.9)	
40-44	00 (00.0)	10 (08.2)	
45-49	00 (00.0)	32 (26.2)	
Educational Qualification of Women			
Illiterate	12 (42.8)	24 (19.7)	7.84*
Up to secondary	08 (28.6)	38 (31.2)	
Up to higher secondary	06 (21.4)	35 (28.7)	
Graduate and above	02 (07.1)	25 (20.5)	
Educational Qualification of Husband			
Illiterate	00 (00.0)	03 (02.5)	6.49
Up to secondary	05 (17.8)	17 (13.9)	
Up to higher secondary	10 (35.7)	71 (58.2)	
Graduate and above	13 (46.4)	31 (25.4)	
Occupation of women			
Housewife	23 (82.1)	104 (85.2)	0.02
Labourer	03 (10.7)	11 (09.0)	
Others**	02 (07.1)	07 (05.7)	

Religion			
Hindu	10 (35.7)	75 (61.5)	6.68*
Muslim	12 (42.8)	35 (28.7)	
Others***	06 (21.4)	12 (09.8)	
Type of Family			
Nuclear	10 (35.7)	25 (20.5)	0.17
Joint	16 (57.1)	78 (63.9)	
Extended	02 (07.1)	19 (15.6)	
Contraceptive knowledge			
Poor	23 (82.1)	00 (00.0)	118.85*
Moderate	03 (10.7)	37 (30.3)	
Good	02 (07.1)	85 (69.7)	
Access to nearby Health centres			
Yes	26 (92.9)	111 (91.0)	0.003
No	02 (07.1)	11 (09.0)	
Advice regarding FP by health personal			
Yes	12 (42.9)	110 (90.2)	33.57*
No	16 (57.1)	12 (09.8)	
Male participation in FP			
Yes	07 (25.0)	13 (10.7)	4.06*
No	21 (75.0)	109 (89.3)	

* P Value Significant, **Others: Private Job

*** Others: Jain, Sikh

From the table we can see that 12(42.8%) of the female who have unmet need were illiterate which are more as compare to literate. Study result shows education level of women increases the unmet need for family planning decreases. There was a significant association found between women's education level and her unmet need. A study conducted by Supriya Satish Patil et al⁹ showed 91.5% unmet need among illiterate. Although women at all educational level wants to avoid pregnancy & less educated (below primary school) face more difficulty to using contraception due to one or another reason.

A study result shows that unmet need was increasing as educational level of husband increase and found highest among who study graduate and above level (46.4%). Our study shows that housewives 23 (82.1%) had more unmet need as compare to other females having other occupations. Similar finding were found in Gwalior district study by Srivastva et al¹⁰ shows that 89.13% unmet need among housewife women.

Our study show that Unmet need for family planning was particularly high for Muslim women (53.57%) and particularly low for Sikh and Jain women(8%) , unmet need in women with difference religious was found statically significant. Study conducted by Bhandari GP et al¹¹ was also found similar result.

A 57.1% unmet was found among the women belonging to joint family more than nuclear (35.7%) and extended (07.1%) family. A study by Seema Choudhary et al¹² shows that unmet need was more (47.53%) for females belonging to joint family than the nuclear family (38.63%).

Unmet need was found to be higher among those with poor contraceptive knowledge, which was also statically significant. A statistically significant association was found between advice regarding family planning and unmet need. Unmet need found significantly higher in family were male participation in Family planning was poor. A study conducted by Indu D et al⁷ also found statically significant result between poor knowledge of Family Planning, poor informed choice in Family Planning, poor male participation and unmet need. Table 2 shows reasons of unmet need as stated by all women with unmet need in the present study. Fear from side effects is the most important reason of unmet need (28.57%) followed by religious reason (21.43%) family opposition (21.43%) and low perceived risk of pregnancy (17.86%). A study by ASMA A. AL-JAWADI¹³ illustrate that fear from side effects is most significant reason of unmet need (27.6%).

Table: 2 Reasons for unmet needs

Reasons	No (%)
Side effects	8 (28.6)
Religious reason	6 (21.4)
Family opposition	6 (21.4)
Low perceived risk of pregnancy	5 (17.9)
Hard to go to FP centre	2 (07.1)
Don't know how to use contraception	1 (03.6)

Conclusion: The present study concluded that the percentage of unmet need for family planning is high in the young sexually active women below the

age of 30 years, low education and also in Muslim religious women. To decrease unmet need family planning measures should be specifically directed toward this group of women. Health education and strategic behaviour change communication for appropriate target audience is requiring cope up unmet need.

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