

# Study of unmet need of family planning among the married women of reproductive age

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## Abstract

**Objectives:** To estimate the prevalence of unmet need for Family Planning among married women of reproductive age residing in field practice at area of urban health centre. 1) To find out the determinants of unmet need for Family Planning in the study population. **Material and Methods:** Cross-sectional study. Field practice area of urban health centre. Married women of reproductive age group 15-45 years residing in field practice area of urban health centre. 250. Non probability convenience sampling. **Results:** 145 (58%) of married women in reproductive age had unmet need for contraception, 66.90% for limiting births and 33.10% for spacing births. The main reasons for unmet need were husband and family opposition (26.89%), fertility related reasons including postpartum amenorrhoeic, breast feeding (22.07%) etc. **Conclusion:** Efficient counseling of women about contraception may help reduce this high prevalence of unmet needs for Family Planning.

**Keywords:** Contraceptives, Unmet need, Family Planning.

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## INTRODUCTION

Concept of unmet need for contraception was developed from the early knowledge, attitude and practice (KAP) studies conducted during the 1960s and 1970s.<sup>1</sup> KAP gap replace the "unmet need". It refers to the fertile women who either wish to postpone the next birth (spacers) or wish to stop child bearing (limiters) but are not using any contraceptive method.<sup>2</sup> During last 6 years, unmet need for family planning has declined by 3.6 percentage i.e. about 1.1 percent per year; from NFHS-2 (15.8%) to NFHS-3 (13.2%) in India.<sup>3</sup> Whereas no change in percentage of unmet need for family planning was

observed among women aged 15-45 years in Maharashtra.<sup>3</sup> According to the DLHS-III (2007-2008), about 20.5 per cent of currently married women in India have an unmet need for family planning.<sup>4</sup> The unmet need for spacing the births about 7.2 percent and need for limiting births about 13.3 percent.<sup>4</sup>

## MATERIAL AND METHODS

It was a cross sectional study carried in immunization and general OPD of urban health training centre during 1<sup>st</sup> September 2015 to 31<sup>st</sup> October 2015. Married women of age 15-45 years residing at area of urban health centre were explained the purpose of the study and those willing to participate were included in the study. Those not willing to participate were excluded from the study. Ethical clearance was obtained from institutional ethics committee. The women were enrolled by non probability convenience sampling. All the women visiting the OPD during the study period and who were fulfilling the inclusion criteria were included in study. At the end of the study period 250 women were enrolled. The data was collected by personal interview using a predesigned questionnaire. The questionnaire included socio demographic information of study participants. The

women were assured about the confidentiality of their information and interviewed by maintaining privacy. The information on knowledge of contraceptives and their

uses in present or past were noted. The data was entered in Microsoft excel and was analysed by using statistical software Open EPI 2009 (version 2.3).

## OBSERVATIONS AND RESULTS

**Table 1**

		Study subjects	
		Number	Percentage
Age in years	20-25	166	66.40
	>25	084	33.60
Religion	Hindu	93	37
	Muslim	142	57
	Buddhist	12	5
	Others	3	1
Socio economic status	Class I	23	9.2
	Class II	38	15.2
	Class III	62	24.8
	Class IV	110	44
	Class V	17	6.8

**Table 2**

Unmet need for family planning	Study subjects	
	Number	percentage
Yes	145	58.00
No	105	42.00
Total	250	100.0
Limiting methods	97	66.90
Spacing methods	48	33.10
<b>Total</b>	<b>145</b>	<b>100.0</b>

**Table 3**

Reason for unmet need of family planning	Number	Percentage
Husband / Family opposition	39	26.89
Fertility related reasons*	32	22.07
Don't know methods /Source	27	18.62
Health concerns/fear of side effects	24	16.55
Lack of access/ too far/ too cost	19	13.11
Others	04	02.76

**Table 4:**

		Unmet need	Met need	P value
Age (In Years)	20-25	102	64	c <sup>2</sup> value = 2.408; df = 1; p>0.05; not significant.
	>25	43	41	
		145	105	
Religion	Muslim	105	37	c <sup>2</sup> value = 34.3; df = 1; p<0.001; highly significant.
	Others	40	68	
		145	105	
Socio economic status	Class I and Class II	28	33	c <sup>2</sup> value = 4.848; df = 1; p<0.05; significant
	Class III, IV and V	117	72	
	Total	145	105	
Number of children	<2	40	29	c <sup>2</sup> value = 0.0003; df = 1; p>0.05; not significant.
	≥ 2	105	76	
		145	105	

## DISCUSSION

In present study, prevalence of unmet need was 58%. Various other studies found prevalence of unmet need of family planning between 25% - 44.1%. (Bhandari, Sulthana B, Patil S, Saini)<sup>5</sup> In the present study, 38.8% women had unmet need for limiting childbirth and 19.2 % for spacing childbirth. Bhandari GP *et al* found unmet need of 9.5 % for spacing and 15.5 % for limiting childbirth. Saini N K *et al* found the unmet need of 6.7% for spacing and 18.7 % for limiting the family. Sulthana B *et al* (2015)<sup>8</sup> noted the unmet need of 4.9% for spacing and 22.5% for limiting. In present study unmet need was found more in Muslim population ( $p < 0.001$  highly significant). Similar finding was noted by Bhandari *et al*. In present study, unmet need of family planning was more in women belonging to middle and low socioeconomic status. Saini *et al* also had similar findings. In present study, main reasons for not using contraception was husband and family opposition (26.89%) followed by fertility related reasons (22.07%). Patil S. *et al* (2010) found that most common reason for not using contraception was its side effect (36.3%) which included headache and nausea. Sulthana B *et al* (2015)<sup>8</sup> found the common reason to be lack of knowledge, shyness of women.

## CONCLUSION

Though the adoption of Family Planning programme has experienced significant growth and expansion over the past half century, pregnancies continue to be unplanned and the unmet need for family planning remains substantially high. Unmet need for family planning are more in Muslim religion and Middle and Low socioeconomic status.

## RECOMMENDATION

Efficient counselling of women and her family about contraception may help reduce this high prevalence of unmet need for Family Planning. Counselling to specially Muslim religion and Middle and Low socioeconomic status people.

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