ORIGINAL ARTICLE

A COMMUNITY BASED CROSS-SECTIONAL STUDY TO ASSESS THE UNMET NEED OF FAMILY PLANNING IN URBAN SLUMS AND IT'S DETERMINANTS IN WESTERN PART OF INDIA

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ABSTRACT

Context: Unmet need is a valuable indicator of National Family Planning Programme. It shows how well the programme achieves the key mission of meeting the population's felt need of family planning. It is added to the 5th MDG as an indicator concerned with maternal health.

Aims: To find out 1.) Unmet need of family planning and 2.) Its determinants.

Settings and Design: A community based cross sectional study was done among married women of age 15-45 years of urban slums in Jamnagar city.

Methods and Material: total 200 study participants were selected by systemic random sampling and interviewed by using pretested semi-structured Performa.

Statistical analysis used: Microsoft excel was used for data entry and analysis done by software Epi-info.

Results: overall level of unmet need was 20.50%. It was found to be influenced by various socio-demographic factors (age of women, gender of last child and accessibility to the service providers) and these associations were found statistically significant. Number of living children, occupation, and period of active married life, religion and collective decision had no any effect on unmet need. (No statistically significant associations). Major reasons for not using any methods were inconvenience (51.22%), refusal by spouse/family members (21.95%) and lack of knowledge (19.51%)

Conclusions: unmet need was higher in more fertile age-group therefore program should focus more on this age-group. Female education contributes significantly in reduction of unmet need. By encouraging inter-spousal communication and male participation for family planning decision-making is important in bridging the gap between met and unmet need.

Key words: Unmet need, contraception, family planning, reproductive health, Urban Slums

INTRODUCTION

The concepts of unmet need for family planning points to the gap between some women's reproductive intentions and their contraceptive behaviour[1]. Unmet need included all women who are married and presumed to be sexually active, who were not using any method of contraception and who either did not want to have any more child or wanted to postpone their next birth for at least two more years [2]. In 2006, unmet need for family planning was added to the 5th millennium development goal (MDG) as an indicator for tracing process on improving maternal health [3]. Family planning can reduce maternal mortality by reducing the number of pregnancies, number of abortions and the proportion of births at high risks. It can help to reduce infant mortality, slow the spread of HIV/AIDS, promote gender equality, reduce poverty, accelerate socio-economic development, women empowerment and promote the environment [4]. Unmet need is a valuable programme because it shows how well they are achieving a key mission: meeting the population's felt need for family planning [5]. Unmet need can be a powerful concept for family planning .It poses challenge to family planning programme - to reach and serve millions of women whose reproductive attitude resembles those of contraceptive user but who are for some reason or combination of reasons are not using contraceptives. According to NFHS-3- 13% of married women have unmet need for family planning down from 20% in NFHS-1 and 16% in NFHS-2 [6] [7].The present study was carried out with the objectives to estimate the magnitude of unmet need for family planning among married women of reproductive age, to identify socio demographic factors associ-

ated with unmet need for family planning and to explore common reasons for unmet need for family planning.

SUBJECTS AND METHODS

A community based cross sectional study was done among married women of reproductive age group (15-45 years) of randomly selected urban slums in Jamnagar city. Pretested semi-structured performa was used. Sample size was determined by applying the formula 4pq / L2 where P is proportion of woman having unmet need .q is the proportion of woman not having unmet need & L is allowable error is 5 percent. So, 4x13x87/ (5)2=181.Non response rate was taken 10%.So, Sample size of 200 women was decided according to 13% prevalence of unmet need (NFHS-3). Data was collected through house to house survey with informed consent. Unmet group included all women who were married and presumed to be sexually active, who were not 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. Those who want to have no more children were considered to have *unmet need for limiting birth or limiters*, while those who want more children but not for at least two more years were considered to have *unmet need for spacing birth or spacers*. Separated, divorced and widows were excluded. Data entry was done in Microsoft excel and analysis was done using chi-square test.

RESULTS:

In present study unmet need is higher in age-group of 25-34 year and is statically significant.

Table 1.socio-demographic profile of the study participants

Socio-demographic profile of women	Unmet need (n=41)	No unmet need (n=159)	Total (n=200)	X^2	P value
Age-group					
15-24	07(12.96%)	47(87.04%)	54	9.135	0.010
25-34	31(28.18%)	79(71.82%)	110		
≥35	03(08.33%)	33(91.67%)	36		
Education					
≤ 1^0	29(24.27%)	90(75.63%)	119	2.145	0.143
≥2^0	12(14.81%)	69(85.19%)	81		
Occupation					
House wife	40(21.74%)	144(78.26%)	184	1.321	0.250
Working	01(06.25%)	15(93.75%)	16		
Religion					
Hindu	39(21.79%)	140(78.21%)	179	1.064	0.302
Muslim	02(09.52%)	19(90.48%)	21		
Type of family					
Joint	17(18.68%)	74(81.32%)	91	0.165	0.685
Nuclear	24(22.02%)	85(77.98%)	109		

($p<0.05$ is considered to be statistically significant)

Table 2: Determinants of the Unmet Need of the family planning

Association between unmet need and	Unmet need (n=41)	No unmet need (n=159)	Total (n=200)	X^2	P value
Contact by health provider					
Yes	17(15.04%)	96(84.96%)	113	4.006	0.045
No	24(27.59%)	63(72.41%)	87		
Inter-spousal communication					
Yes	30(18.29%)	134(81.71%)	164	2.023	0.155
No	11(30.56%)	25(69.44%)	36		
Gender of last child					
Male	26(21.49%)	95(78.51%)	121	6.603	0.048
Female	14(26.92%)	38(73.08%)	52		
No child	01(03.70%)	26(96.30%)	27		
Number of living children					
No child or 1	12(18.46%)	53(81.54%)	65	2.431	0.488
2	21(25.61%)	61(74.39%)	82		
3	06(15.00%)	34(85.00%)	40		
4or more	02(15.38%)	11(84.62%)	13		
Active married life in years					
Up to 5	14(20.59%)	54(79.41%)	68	4.650	0.199
6-10	15(23.44%)	49(76.56%)	64		
>10	12(17.65%)	56(82.35%)	68		

($p<0.05$ is considered to be statistically significant)

Unmet need is higher in those women who were attained ≤ primary level education compared to who were attained ≥secondary level education and it is also statically significant. Unmet need was higher in housewife (21.74) as compared to working woman (06.25%), Hindu (21.79%) as compared to Muslims (09.52%), in nuclear family (22.02%) as compared to joint family (18.68%). There is no any association found between unmet need and occupation, religion and type of family

Table 2 shows that those women who were contacted by health provider had less unmet need (15.04%) than those who did not (27.59%) and was found statically significant and those women had inter-spousal communication related to family planning had less unmet need (18.29%) compared to those who did not communicate (30.56%) but statically not significant. Unmet need was higher in women who had two children (25.61%) as compared to those women who had ≤1 or >2 children. It was found that unmet need was higher in women with active married life up to 10 years, after that it was decreased.

Table 3 mentions various reasons amongst those who had unmet need for the family planning. On the top of the list was inconveniency, followed by refusal by spouse, lack of knowledge due to side effects and unclassified.

Table 3 Reasons amongst the unmet need group

Reasons for un-met need	No (n=41)	Proportion
Inconveniency	20	48.78
Refusal by spouse/family member	9	21.95
Lack of knowledge	7	17.07
Due to side effects	3	7.31
Others	2	4.87

DISCUSSION

According to NFHS 3 data unmet need was 13% and study done by Indu D, it was 17%. In our study it was 20.50%, which was higher than both [8]. In our study unmet need is higher in age-group of 25-34 year, in study of FERDOUSI SK about half of the respondents (51.8%) were in the age group of 20-30 years [9]. Indu D. in her study found that unmet need was higher in Hindu religion and nuclear family which was similar to our results. [8]. In our study, women who had inter-spousal communication related to family planning had less unmet need (18.29%) compared to those who did not communicate (30.56%) Indu D. in her study found similar results that was unmet need was higher (62.9%) in women with poor spouse participation in family planning as compared to those had good spouse participation (37.1%).[8]. Supriya patil et al. in her study found that unmet need for spacing is highest (38.9%) among the women having no child or only one child and unmet need for limiting was observed to be maximum in women having 2 or more children i.e.45.8% [10]. Supriya Satish Patil in her study observed common reasons for unmet need were lack of information about contraceptive methods and its source (57.6%), Opposition from husband, families and communities (18.6%), Health concerns and side effects (10.2%) [10].

CONCLUSION:

Unmet need is higher in 25-34 years age group which is the age for higher fertility; it is also higher in those women who have at least two children. So, programme should focus on them to prevent unwanted pregnancy. Female education contributes significantly in use of family planning practices and reduces unmet need. In patriarchal Indian society, decision making through encouraging inter-spousal communication and male participation for family planning decision-making is important in bridging the gap between met and unmet need.

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