

Revealing unmet need for contraception among married women in an urban slum of Nagpur

Nisha Ram Relwani¹, Ajeet V Saoji², Meenal Kulkarni², Nandkishore Kasturwar²,
Ranjana Zade¹, Rishikesh Wadke¹

¹Department of Community Medicine, MGM Medical College, Kamothe, Navi Mumbai, Maharashtra, India.

²Department of Community Medicine, NKP Salve Institute of Medical Sciences & Research Centre, Nagpur, Maharashtra, India.

Correspondence to: Nisha R Relwani, E-mail: relwani_nisha@yahoo.com

Received March 11, 2015. Accepted March 25, 2015.

Abstract

Background: An estimated 17% of married women in the developing world have an unmet need for contraception. Understanding the magnitude of unmet contraceptive need and the underlying reasons of this phenomenon will help to reduce the number of unwanted pregnancies.

Objective: To assess the extent of unmet need for family planning among women in the reproductive age group (i.e., 15–49 years) in an area of urban health training center; to explore the common reasons for unmet need for family planning.

Materials and Methods: A community-based cross-sectional study was conducted in field practice area of urban health training centre, an adopted area under the administrative control of a tertiary-care hospital. The study subjects consisted of all married women in the age group of 15–49 years. Women who were divorced, widows, those who refused to participate, those who had undergone hysterectomy, and menopausal women were excluded from the study.

Result: Unmet need for family planning was present in 22.1% among all women under study; 13.9% women revealed unmet need for spacing and 8.2% women unmet need for limiting. A statistically significant association was found between literacy and type of family with unmet need ($P < 0.05$). Common reasons for unmet need were fear of side effects (34.9%), opposition from family (25.3%), and so on.

Conclusion: Unmet need is higher in younger women; therefore, family planning program should focus this age group and target illiterate people and urban slum areas. Family planning should emphasize communication and counseling to the women and explain all sorts of information about the side effects and other misconceptions about contraceptives.

KEY WORDS: Unmet need, family planning, contraception, married women, urban slum

Introduction

In India, three well-known problems that begin with letter “P” exist: population explosion, poverty, and pollution.^[1]

According to Census 2011, the Indian population was 1,21,01,93,422. India’s population growth rate has declined by 17.64% in the last 10 years.^[2] The health, political, economic, and social development of the nation suffers a major threat because of an uncontrolled population growth.^[3]

In the 1960s, the data obtained on conducting surveys of contraceptive knowledge, attitude, and practice (KAP) revealed that a major section of women avoided the use of contraceptives, in spite of their will to have a gap and prevent pregnancy, which lead to the evolution of the concept of unmet need. Later on, this disparity, the “KAP-gap” was termed as the unmet need for contraception.^[4]

Access this article online

Website: <http://www.ijmsph.com>

DOI: 10.5455/ijmsph.2015.11032015247

Quick Response Code:



International Journal of Medical Science and Public Health Online 2015. © 2015 Nisha R Relwani. This is an Open Access article distributed under the terms of the Creative Commons Attribution 4.0 International License (<http://creativecommons.org/licenses/by/4.0/>), allowing third parties to copy and redistribute the material in any medium or format and to remix, transform, and build upon the material for any purpose, even commercially, provided the original work is properly cited and states its license.

All fertile women married or staying together and so alleged to be in dynamic sex, who avoid to go with the process of contraception, and who either want to stop giving birth (unmet need for limiting births) or delay the subsequent birth by a couple of years (unmet need for spacing births) fall under the category of women with unmet need. Women with unmet need also includes married pregnant women whose pregnancies are not needed or untimely, who conceived because they avoided using contraception, and who recently delivered, however, conceived immediately, or amenorrhic and their pregnancies were unintentional.^[5] Hence, the disagreement between the practice of contraception in a person and their fixed thoughts on fecundity is called as the unmet need for family planning. Over 100 million women globally, especially in less-developed countries, would prefer to avoid pregnancy but are not using any methods of birth control. Unmet need for contraception can cause unwanted pregnancies, which affect the women, their families, and societies. The thought process toward reproduction is similar between the contraceptive users and those who do not follow it owing to some or many combined reasons, which hinder reaching and serving these women by the family planning program.^[6] In 2006, unmet need for family planning was added to the fifth Millennium Development Goal (MDG) as an indicator for tracking development on the betterment of maternal health. Hence, the eradication of unmet need could prominently decline fertility and improve maternal and child health.^[7]

Unmet need can be thought-out as a step to guarantee women rights. The choice of the number of children, the time of pregnancies, and involvement in decision-making at home are also the rights of women. But, a majority of women with unmet need are compelled to follow the orders of the husband and his family and bring as many children as they want.^[8]

According to the report of the first phase of National Family Health Survey (NFHS), 20% of currently married women in India had an unmet need for both spacing and limiting births. This rate had come down during the next phase of the survey to 16% and again to 13% in the recent third phase of the survey. Currently, 82% of the demand for family planning is being met, up from 67% in NFHS-1 and 75% in NFHS-2. Although the total percent had come down, it is quite high in many parts of India.^[9]

When most women with unmet need utilized the family planning programs, the demographic impact would be considerable, and the contraceptive prevalence would increase reducing fertility and bring down population explosion. Keeping in view all the above factors, this study was carried out to assess the extent of unmet need among married women of reproductive age group in an urban slum, because this group lacks the access to health services and, so, the contraceptive measures seem to be low.

Objective

To assess the extent of unmet need for family planning among women in the reproductive age group (i.e., 15–49 years) in an area of urban health training center

(UHTC); to explore the common reasons for unmet need for family planning.

Materials and Methods

The study was conducted in urban slum areas of UHTC, covering a population of 20,342. The study area was divided into five slum areas, of which one area was selected by simple random sampling.

All the currently married women of reproductive age (15–49 years)^[10] of that selected area were included in the study. Women who were unmarried, divorced, widow, menopausal women, those who had underwent hysterectomy, those not interested to participate, and those aged younger than 15 years and older than 49 years were excluded from the study. The data were collected by face-to-face interview of the women by house-to-house visit with the help of predesigned and pretested questionnaire. Required data were collected 3 days per week. The questionnaire was pretested by doing a pilot study in the field practice area of the Department of Community Medicine.

An informed consent was taken from the study participants after explaining to them the objectives of the study and ensuring the confidentiality of the data.

The questionnaire was designed to capture age, educational level of women, type of family, and number of children. In addition, questions also included to calculate the extent of unmet need for contraception. Unmet need was calculated on the basis of definition given by NFHS.^[11]

This interview took approximately 15–20 min per participant. If the house was locked, two additional visits were made on separate days. The house was labeled as “noncontactable” and excluded from the study. The data were analyzed using statistical software, Epi Info., version 3.4.3. The χ^2 was used for comparison of categorical variables; value less than 0.05 was considered significant.

Result

Figure 1 shows that, of 475 women, 329 women (69.3%) women were contraceptive acceptors. Unmet need was present in 105 women (22.1%) women. About 13.9% women

Table 1: Distribution of unmet need for contraception by age ($N = 105$)

Age group (years)	Spacers (%)	Limiters (%)	Total
15–19	9 (100.0)	0 (0.0)	9 (8.6)
20–24	31 (91.2)	3 (8.8)	34 (32.4)
25–29	22 (59.5)	15 (40.5)	37 (35.2)
30–34	4 (28.6)	10 (71.4)	14 (13.3)
35–39	0 (0.0)	7 (100.0)	7 (6.7)
40–44	0 (0.0)	2 (100.0)	2 (1.9)
45–49	0 (0.0)	2 (100.0)	2 (1.9)
Total	66 (62.9)	39 (37.1)	105 (100.0)

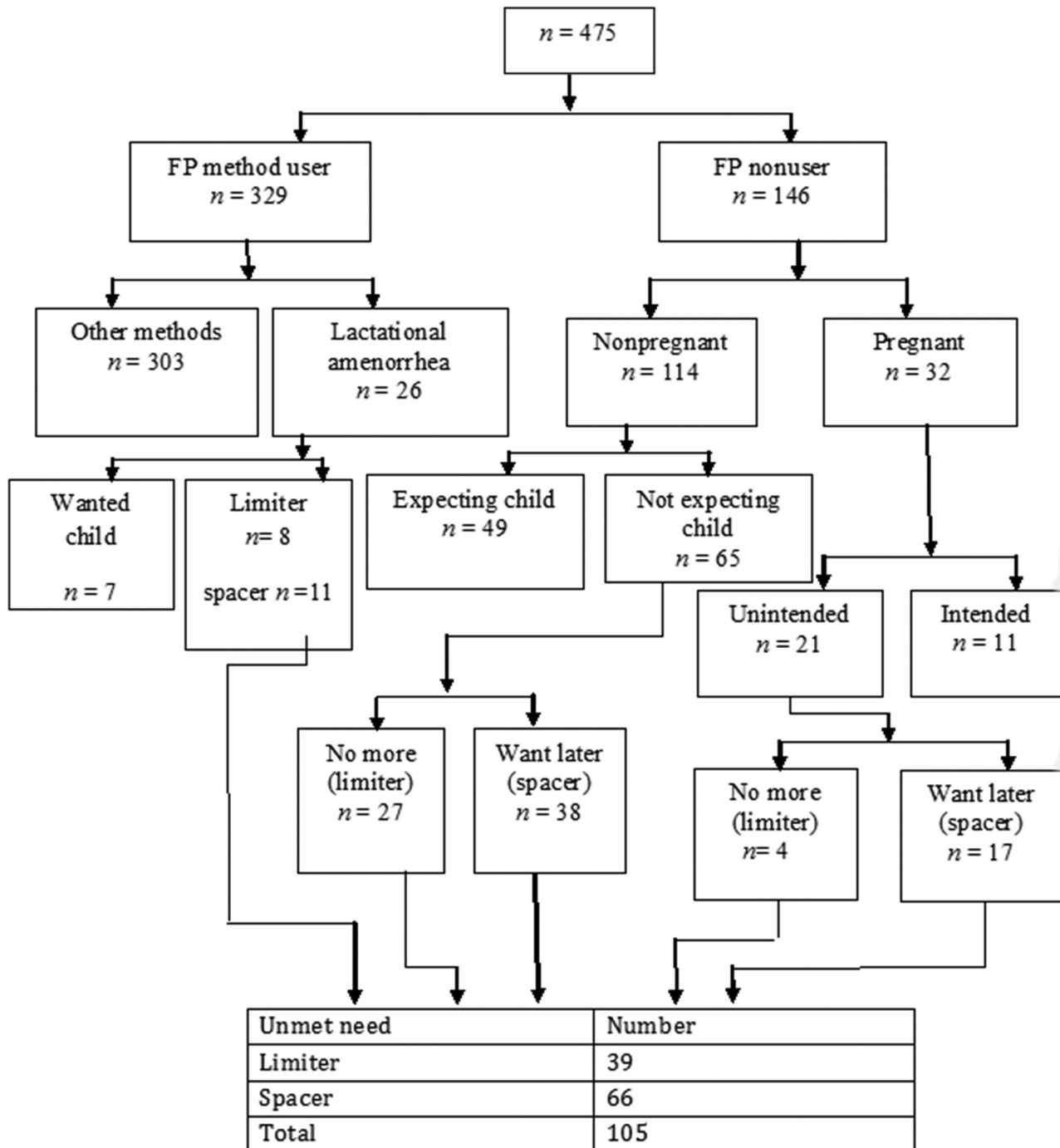


Figure 1: Subgroups of married women of reproductive age constituting unmet need.

revealed unmet need for spacing and 8.2% women unmet need for limiting.

Table 1 shows that, of 105 women having unmet need, 35.2% women belonged to the 25–29 years age group. Unmet need for spacing was highest in the 15–19 years age

group. Unmet need for limiting was highest in women more than 35 years.

Table 2 shows that a statistically significant association was found between literacy and the type of family with unmet need for contraception ($P < 0.05$). Women those who were

Table 2: Association of unmet need with literacy status and type of family of women. (N = 475)

Variable	Unmet need present (%)	Unmet need absent (%)	χ^2	P	Odds ratio	Confidence limit
Literacy status of women						
Up to SSLC	88 (27.1)	237 (72.9)	14.77	0.00012	2.905	1.658, 5.09
Above SSLC	17 (11.3)	133 (88.7)				
Type of family						
Joint/three generation	47 (30.1)	109 (69.9)	8.683	0.00311	1.94	1.244, 3.028
Nuclear family	58 (18.2)	261 (81.8)				

Table 3: Association of unmet need for spacing with number of children (N = 475)

No. of children	Unmet need (spacing) present (%)	Unmet need absent (%)	Total (%)
≤1	49 (25.3)	145 (74.7)	194 (40.8)
>1	17 (6.1)	264 (93.9)	281 (59.2)
Total	66 (13.9)	409 (86.1)	475 (100.0)

$\chi^2 = 35.39$; $P < 0.0001$; OR = 5.248; CL = 2.916, 9.445.

Table 4: Association of unmet need for limiting with number of children (N = 475)

No. of children	Unmet need (limiting) present (%)	Unmet need absent (%)	Total (%)
>2	12 (14.8)	69 (85.2)	81 (17.1)
≤2	27 (6.9)	367 (93.1)	394 (82.9)
Total	39 (8.2)	436 (91.8)	475 (100.0)

$\chi^2 = 5.652$; $P = 0.017$; OR = 2.364; CL = 1.143, 4.89.

illiterate and studied primary, middle, and high school were clubbed in class up to Secondary School Level Certificate (SSLC), and above SSLC included those educated up to intermediate level, graduate, and postgraduate. Thus, women who were educated up to SSLC showed 2.905 times more unmet need than those who were educated above SSLC.

Table 3 shows that unmet need for spacing was 5.248 times more in women having one or no child, compared with women having more than one child.

Table 4 shows that unmet need for limiting is 2.364 times more in women having more than two children when compared with women having two or less than two children. Association between unmet need for limiting is significant with the number of children.

The study showed that the major reason for unmet need was fear of side effects (34.9%). The next reason was opposition from husband or family members (25.3%); 8.95% women were not aware of contraceptive methods. Around 4% women did not adopt contraceptive methods as it was against their religion.

Discussion

In developing countries, over 100 million female have unmet need. The level ranges from 11% in Thailand to 36%

in Kenya; the developing country average is about 20%. In this study, 22.1% women showed unmet need for contraception, which was similar to the results observed by Ferdousi et al.^[12] and Paudel and Budhathoki.^[6] The unmet need found in our study was lower than that in the study by Choudhary et al. (41.61%)^[13] and more than that in the study by Indu (17%)^[14] and NFHS-3 (13%).^[15]

About 13.9% women revealed unmet need for spacing. Results were comparable with the findings of Bhattacharya et al. (15.83%)^[16] but greater than that reported by NFHS-3 (6.3%).^[15] Results for unmet need for limiting method was 8.2%, which was similar to results reported by NFHS-3 (6.8%).^[15] The differences in unmet need may arise because of the differences in demographic profile of the community under study, along with other social factors affecting the need.

Clear relationship emerges between the women age and level of unmet need (i.e., more in younger age group) and when unmet need is divided into its spacing and limiting components. Of the total women having unmet need, 35.2% women belonged to the 25–29 years age group. Unmet need for spacing was highest in the 15–19 years age group. Unmet need for limiting was highest in women older than 35 years.

In this study, the most unmet need among younger women was for spacing birth because younger women still wanted to have more children. Among older women, the most unmet need was for limiting births because older women possessed as many children as they want.

Our study showed that unmet need is associated with literacy. It is significantly more in women who have educated up to SSLC and below (27.1%) when compared with women educated above SSLC (11.3%). This finding is comparable with Ahmadji^[8], Bhattacharya et al.,^[16] and Patil et al.^[17]

This study indicated that unmet need was significantly higher in joint and three-generation families (30.1%) when compared with women from nuclear family (18.2%). Similar results were observed by Indu,^[14] where unmet need was higher in joint families. This may be because nuclear families lack relatives in the home to help with child care and they tend to have more privacy in discussing about using family planning.

Unmet need for spacing (25.3%) was significantly more in women having no or one child, when compared with women having more than one child (6.1%). Unmet need for limiting (14.8%) was significantly more in women having two or more

children compared with women having less than two children (6.9%). Similar findings were found by Bhattacharya et al.^[16] and Bhandari et al.^[18]

The major reason for unmet need was fear of side effects (34.9%). The next reason was opposition from husband or family members (25.3%). Similar findings were reported by Paudel and Budhathoki.^[6]

Conclusion

Unmet need is higher in younger women; therefore, family planning program should focus this age group and target illiterate people and urban slum areas. Significant association of unmet need was found in illiterate women. Improving women access to education and encouraging continuous and constant exposure would significantly increase the use of family planning and reduce unmet need and decrease the contraceptive nonacceptance. Moreover, family planning programs should target illiterate women in order to inform them about birth control measures.

The most common reason for not using any contraceptive method among married women was fear of side effects. Family planning should emphasize communication and good counseling to the women and explain all sorts of information about side effects and other misconceptions about the new contraceptives.

References

- Murakar SK, Soundale SG, Lakade RN. Study of contraceptive practices and reasons for not accepting contraceptives in rural India: Chanai village as a case study. *Indian J Sci Tech* 2011;4(8):915–6.
- Census Factsheet Maharashtra, 2011. Available at: www.censusdata.com (last accessed on May 3, 2011).
- Patel MG, Mahyavanshi DK, Kartha G, Purani SK, Nagar SS. A cross-sectional study on knowledge, attitude and practice regarding spacing methods among married women of the reproductive age group in the field practice area of UHTC in Surendranagar district. *Healthline* 2011;2(2):31–4.
- Omwago MO, Khasakhala AA. Factors influencing couples unmet need for contraception in Kenya. *Afr Populn Stud* 2006;21(2):75–94.
- Assefa H, Fikreworld H. Factors affecting unmet need for family planning in southern nations, nationalities and peoples region, Ethiopia. *Ethiop J Health Sci* 2011;21(2):77–89.
- Paudel IS, Budhathoki SS. Unmet needs for family planning in Sunsari, eastern Nepal. *Health Renaiss* 2011;9(3):148–51.
- Woldemicael G, Beaujot R. Currently married women with an unmet need for contraception in Eritrea: profile and determinants. *Canadian Stud Popul* 2011;38(1–2):61–81.
- Ahmadi A. Unmet need for family planning in Iran. Presented at XXV IUSSP International Population Conference Tours; July 18–23, 2005; France. pp. 1–29.
- Laya KS. Prevalence and determinants of unmet need for family planning among women in India. *Res Soc Pract Soc Sci* 2012;7(2):59–70.
- Reproductive Health Indicators. *Guidelines for Their Generation, Interpretation and Analysis for Global Monitoring*. World Health Organization Reproductive Health and Research 2006. Available at: www.searo.who.int (last accessed on December 2005).
- Lal S, Adarsh, Pankaj. *Textbook of Community Medicine: Preventive and Social Medicine*, 3rd edn. New Delhi: CBS. p.103.
- Ferdousi SK, Jabbar MA, Hoque SR, Karim SR, Mahmood AR, Ara R, et al. Unmet need of family planning among rural women in Bangladesh. *J Dhaka Med Coll* 2010;19(1)11–5.
- Choudhary S, Saluja N, Sharma S, Gaur D, Pandey S. A study on the extent and reasons of unmet need for family planning among women of reproductive age group in rural area of Haryana. *Internet J Health* 2011;12(1).
- Indu D. Unmet needs for family planning in urban slums of Trivandrum corporation area — a cross sectional study. *Calicut Med J* 2011;9(2):1–5.
- Government of India. *National Family Health Survey NFHS III (2005-2006)*. Mumbai, India: International Institute for Population Sciences, Ministry of Health and Family Welfare, 2007.
- Bhattacharya SK, Ram R, Goswami DN, Gupta UD, Bhattacharyya K, Ray S. Study of unmet need for family planning among women of reproductive age group attending immunization clinic in a medical college of Kolkata. *Ind J Community Med* 2006;31(2):73–5.
- Patil SS, Durgawale MP, Patil SR. Epidemiological correlates of unmet need for contraception in urban slum population. *Al Ameen J Med Sci* 2010;3(4):312–6.
- Bhandari GP, Premarajan KC, Jha N, Yadav BK, Paudel IS, Nagesh S. Prevalence and determinants of unmet need for family planning in a district of eastern region of Nepal. *Kathmandu Univ Med J* 2006;4(2):203–10.

How to cite this article: Relwani NR, Saoji AV, Kulkarni M, Kasturwar N, Zade R, Wadke R. Revealing unmet need for contraception among married women in an urban slum of Nagpur. *Int J Med Sci Public Health* 2015;4:1136-1140

Source of Support: Nil, **Conflict of Interest:** None declared.