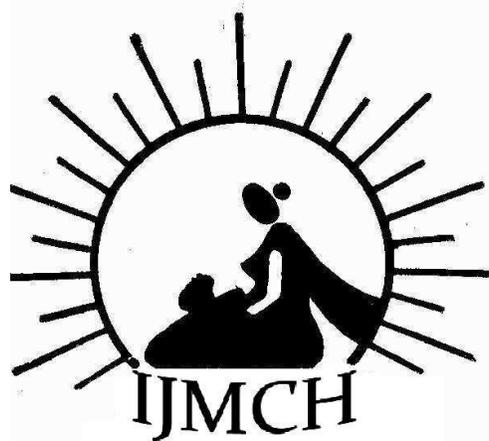


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To identify the reasons for unmet need of family planning

Reasons for Unmet Needs of Family Planning Among Married Women

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ABSTRACT

Research Question: What are the reasons of unmet need for family planning among married women attending the immunization clinic, in Government Rajindra Hospital, Patiala?

Objective: To identify the reasons for unmet need of family planning.

Settings: Immunization Clinic, Government Rajindra Hospital, Patiala (Punjab).

Participants-1000 married women of reproductive age group.

Study design: Cross sectional

Methods: Subjects were administered pre tested questionnaire to elicit information on unmet need. Analysis was carried out using EpiInfo 3.2.

Statistical analysis: Percentages.

Results: Present study showed that fear of side effects (50.62%) and low perceived risk of pregnancy (43.12%) were the main reasons for the unmet needs. However 28.75% women felt opposition from husband/families, 24.37% mentioned son preference and 20.62% mentioned lack of intercourse communication. Other reasons for unmet need were cost (7.5%), lack of awareness regarding types of contraceptives (2.5%), inadequate quality (3.75%) and distance (5%).

Key words: *Family planning, unmet need, contraception, reasons.*

INTRODUCTION

Unmet need is a powerful concept of family-planning programme and is defined as the percentage of currently married women in their reproductive age who do not want additional children or want to postpone child bearing by at least two years and yet are not practicing any contraceptive methods (1). These points to a gap between women's reproductive intentions and contraceptive behaviour. More than one-fourth of the births world-wide are unplanned (2). Family Planning is one of the fundamental pillars of safe motherhood and a reproductive right. A woman's ability to space or limit the number of her pregnancies has a direct impact on her health and well-being as well as the outcome of her pregnancy. In enabling women to exercise their reproductive rights, family planning programmes can also improve the social and economic circumstances of women and their families. Keeping these points in mind, the above study was undertaken to identify reasons contributing to unmet need for family planning.

MATERIAL AND METHODS

This cross sectional study was undertaken in the immunization clinic, run by the Department of Community Medicine, Govt. Medical College, Patiala among the mothers who were attending the immunisation clinic with their children for vaccination. The study continued for ten months in the year 2005. On an average 30-40 new cases attend the immunisation clinic every day. Every tenth woman attending the immunization clinic was included for the study purpose and in all 1000 married women of reproductive age group were interviewed to determine the unmet need group (1). These women in the unmet need group were further divided into two categories, one who had never used contraception and the other who had discontinued using contraception. A detailed, precoded, pre-tested, structured, closed questionnaire was used to collect the data after informed consent. By interviewing the women of the unmet need group reasons for unmet need were identified. Data analysis was done using EpiInfo 3.2.

RESULTS

Maximum number of women (73.7%) were in the age group 21-30 years, which is the most active period and most important for child bearing. 48.4% of the women were of parity 2. In the present study 53.1% of the participants were ≤ high school educated and 26.3% were graduates and above. However illiterates were only 9.9%.

Table 1: Socio- demographic characteristics of the participants (n=1000)

Socio- demographic characteristics	Percent
Age Distribution (In years)	
<20	10.8
21-25	37.3
26-30	36.4
31-35	9.1
36-40	5.6
>40	0.8
No. of Children	
1	28.1
2	48.4
3	22.3
4	1.2
Participants education	
Illiterate	9.9
Literate--	
≤ High School	53.1
Intermediate	10.7
Graduates and above	26.3
Residence	
Rural	49.4
Urban	50.6

16% (n = 160) of women had unmet need. Amongst these, 36.25% had discontinued contraception while those who never used any contraceptive method were comparatively more i.e. 63.75%.

Table -2 shows that the main reasons for unmet need were fear of side effects (50.62%) and low perceived risk of pregnancy (43.12%). 28.75% women felt opposition from husband/families as one of the reasons for their unmet need. As many as 20.62% mentioned lack of inter couple communication while 24.37% mentioned son preference as the reason. 7.5% cited cost as the constraint, while lack of awareness regarding types of contraceptives was the reason cited by 2.5% of women of this group. Inadequate quality was cited by 3.75%. None gave unsatisfactory service as one of the reasons. Distance was

one of the constraints for 5% of the respondents. The main reason for never using contraceptive was low perceived risk of pregnancy (48.03%). Next common reason was fear of side effects (46.07%). The main reason for discontinuation was because of side effects (58.02%).

Table 2: Different Reasons* For Unmet Need

Reasons*	Total (n=160)	
	No.	Percent
Lack of awareness regarding types of contraception	4	2.5
Lack of knowledge of availability	14	8.75
Fear of side effects	81	50.62
Costs	12	7.5
Distance	7	4.37
Inconvenient	10	6.25
Less perceived risk of pregnancy	69	43.12
Opposition	46	28.75
Lack of inter couple communication	33	20.62
Son preference	39	24.37
Inadequate quality	6	3.75

*Multiple responses

DISCUSSION

In this study, 16% of women of reproductive age had unmet need. Among the unmet need group, women who discontinued contraceptive measures were 36.25% while those who never used contraceptive measures were 63.75%.

The main reason for unmet need was fear of side effects (50.62%). Rama *et al* observed the same results with side effects being the main reason for unmet need (28.25%) (3). In 13 Demographic and Health surveys (DHS) done in 1999-2000, side effects accounted for 1/3rd of the unmet needs (4). Govindasamy also observed that health concerns and fear of side effects were paramount reasons for non-use among many women (5). Similar results were noted in a study done in Lahore in 2007, where 57.8% women reported fear of side effects as one of the main reasons for unmet need (6). Concerns about health effects and fear of side effects could be because of women's own experiences with contraceptives, experiences of other women they know, and from rumors which circulates within communities, that dissuades women from using contraception. This also reflects misinformation about various contraceptive methods and misconceptions.

In the study under discussion, the second common reason for the unmet need was low perceived risk of pregnancy (43.12%). DHS surveys done in 1999-2000 also observed that

low perceived risk of pregnancy accounted for 1/3 to 2/3 of unmet need (4). Govindasamy also observed low perceived risk of pregnancy as one of the reasons for unmet need (5). This could be because of women's poor reproductive health knowledge.

In the present study 28.75% women felt opposition from husband/families as one of the reasons for unmet need. Results are similar to a study done in Kolkata in 2006 (7), opposition from husband, family and community were the main reasons for unmet need in 32% of the cases thus indicating that male involvement in actual practice is still very less. In a study done in 2007 in Lahore, only 0.9% respondents considered cost as a barrier to the use of contraceptives (6), while in the present study cost was a constraint for 7.5% of the respondents. Lack of awareness regarding types of contraceptives was the reason given by 2.5% of the respondents. This is consistent with a study done in Nigeria in 2009 where it was seen that providing information about family planning is no longer enough to change the attitude, instead more effort should be made in terms of research to find the social and cultural factors that limit the ability of the women to access family planning services. (8)

Distance as one of the reasons accounted for 5 % of the unmet need. As family planning services have become widely available, the distance to a source of contraception now has little relationship to the level of unmet need.

The main reason for never using contraceptive was low perceived risk of pregnancy (48.03%). This is consistent with DHS survey done in 1999-2000 where $\frac{1}{3}$ to $\frac{2}{3}$ rd of women believed that they could not become pregnant because of infrequent sex, breast feeding etc. (4)

The main reason for discontinuation of contraceptive was side effects (58.02%). This finding is consistent with those observed by Storey in a study done in Nepal, where it was observed that the main reason was side effects which accounted for 50% of discontinuations (9). According to National Family Health Survey Report No. 13 main reason for discontinuation was fear of side effects (10). High discontinuation may be related to inadequate counseling about side effects, improper follow up or poor referral care.

CONCLUSIONS AND RECOMMENDATIONS

Fear of side effects and less perceived risk of pregnancy were the main contributors to the unmet need. Emphasis should be more on health than on the targets. There is a need for expanded investment in services that not only provide contraceptives but also attend to closely related health and social needs of the client. An education program providing accurate and complete information about various methods, their side effects (so that unrealistic fears are allayed) and availability may reduce the unmet need. Emphasis should be on counseling both before and after a method has been adopted. Counseling should be accompanied by follow-up services to monitor discomfort and side effects. Educational Programs are needed to promote women's reproductive health knowledge. Male participation need to be increased through increased use of male methods and increased intercouple communication.

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