

## ORIGINAL ARTICLE

## Epidemiological Correlates Of Unmet Need For Contraception In Urban Slum Population

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**Abstract:** This study was undertaken to find out magnitude and identifying the different variables, which are associated with unmet need for contraception among married women in the age group of 15-44 yrs in an urban slum of Karad, Maharashtra. A cross-sectional community based study was carried out among married women aged 15-44 yrs. Personal interview method with house-to-house visit was adopted as the study method. In this study unmet need for contraception was found in 59 (45.1%) women, need for spacing in 25 (19.1%) and need for limiting birth in 34 (26%) women. About 81.3% of women in the unmet group belong to the age 15-29 yrs. There was significant association between prevalence of unmet need and age, number of living children, education. There was no significant association found between occupation, religion and unmet need for contraception. The present study revealed that lack of information about contraceptive method and its sources (57.6%) were the common reasons for non-acceptance of contraception. It can be concluded that health education campaigns are necessary to increase awareness and counseling of eligible couples on importance of small family norm is essential.

**Key Words:** Unmet need, spacers, limiters, contraception.

### Introduction

With a population of 1169 million by the year 2007, India is the second most populous country in the world, next to china, whereas seventh in land area [1]. This alarming increase in population is slowing down the socio-economic development, lowering the quality of life, degrading our environment & putting a further strain on our already overloaded resources. The old idea that contraception implies prevention of conception is replaced by the newer concept of control of conception in order that a couple must be enabled to decide freely & responsibly the number & spacing of their children. Over the past 40 years, there have been significant advances in contraceptive methods, its approaches & services. However contraceptive practices are no longer in wide use. Many factors contribute for this under-utilization of contraceptives & this makes contraception as unfelt need of millions of women today. Many women who are sexually active would prefer to avoid becoming pregnant but nevertheless are not using any method of contraception. These women are considered to have an unmet need for contraception [2]. The concept is usually applied to married women. 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 [3-4]. Keeping in view the above points, the present study was designed to find out the magnitude of unmet need for contraception and identifying the different variables, which are associated with unmet need for contraception in an urban slum of Karad, Maharashtra.

### Materials and Methods

The present study was conducted in an urban slum of Agashivnagar, which is a field practice area of Department of community medicine, Krishna Institute of Medical Science, Karad. Sample size was determined by applying the formula  $4Pq / L^2$  where P is proportion of woman having unmet needs [4-5]. q is the proportion of woman not having unmet need & L is allowable error i.e  $4 \times 20 \times 80 / (7)^2 = 131$ . Thus, minimum number of women studied is 131. So 131 married women of reproductive age were interviewed using a pre-tested proforma specially designed for this purpose. In this study unmet need was measured using Charles Westoff standard formulation [2]. Unmet need group included all those women who are not using any method of contraception and who either do not want to have any more children or want to postpone their next birth for at least two more years. Those who want to have no more children are considered to have an unmet need for limiting births or limiters, while those who want more children but not for at least two more years are considered to have an unmet need for spacing births or spacers. The data were analyzed using SPSS-16 version applying  $\chi^2$  test.

### Results

Table1: Distribution of women according to unmet need for contraception by age group

Age group in years	Spacers	Limiters	Total
15-19	8(13.5)	2(3.4)	10(16.9)
20-24	9(15.3)	15(25.4)	24(40.7)
25-29	6(10.2)	8(13.5)	14(23.7)
30-34	2(3.3)	6(10.2)	8(13.5)
35+	0(0.0)	3(5.0)	3(5.0)
Total	25(19.1)	34(26.0)	59(45.1)
$\chi^2=9.22, P=0.05$			

In the present study (Table-1) total unmet need for contraception was found in 59(45.1%) women, which comprises need for spacing in 25 (19.1%) & need for limiting birth in 34 (26%) women. And 54 (41.2%) were contraceptive users. Table-I shows that unmet need for contraception is maximum in the age group 20-24 (40.7%) yrs. In our study 81.3% of women in the unmet group belong to the age 15-29 yrs. Prevalence of unmet need was significantly higher in age group below 30. In the age group 15-19 yrs proportion of spacers (13.5%) was higher compared to the limiters.

**Table-2: Distribution of women with unmet need for contraception by living children**

No of living children	Unmet group		Total
	Spacers	Limiters	
≤1	23(38.9)	1(1.7)	24(40.7)
2	2(3.4)	23(38.9)	25(42.3)
≥3	0(0)	10(16.9)	10(16.9)
Total	25(42.3)	34(57.5)	59(100)
$\chi^2=47.54, p<0.001$			

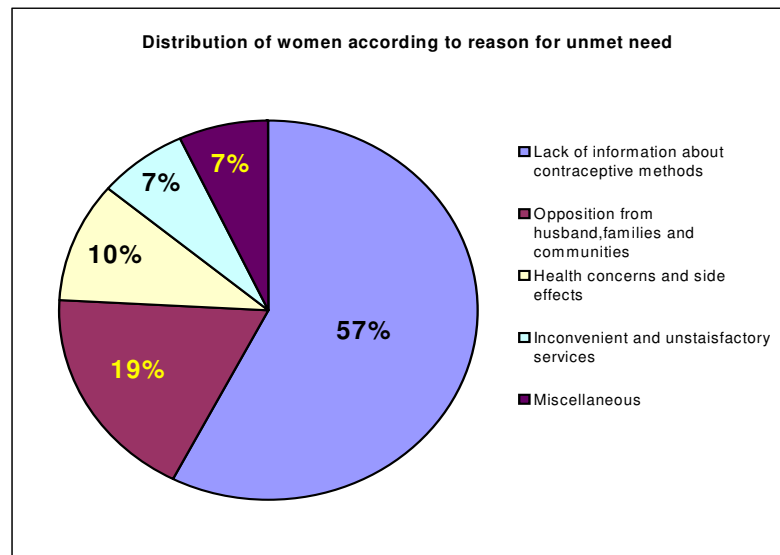
Table-2 shows that unmet need for spacing is highest (38.9%) among the women having no child or only one child. Unmet need for limiting was observed to be maximum in women having 2 or more children i.e.45.8%. Highly significant association (P<0.001) was observed between educational level & categories of unmet need. There was no significant association found

between occupation, religion and unmet need for family planning (Table-3).

*Distribution of women according to reasons for unmet need- Pie chart:* Surprisingly 57.6% women had no idea about contraceptive methods followed by opposition from husband/ family members (18.6) were the reasons for non-use of contraception.

**Table-3: Distribution of women with unmet need for contraception by sociodemographic factors**

Education	Unmet need		Total	
	spacers	limiters		
Education literate	0.(0)	5(8.5)	5(8.5)	$\chi^2=1.033, p<0.001$
Illiterate	25(42.4)	29(49.2)	54(91.5)	
Occupation Household work	20(33.9)	22(37.3)	42(71.2)	$\chi^2=1.643, p>0.05$
Productive work	5(8.5)	12(20.3)	17(28.8)	
Religion Hindu	24(40.7)	27(45.8)	51(86.4)	$\chi^2=3.382, p>0.05$
Muslim	1(1.7)	7(11.9)	8(13.6)	



### **Discussion**

In developing countries over 100 million women have unmet need [6]. The level ranges from 11% in Thailand to 36% in Kenya; the developing country average is about 20% [2]. Accordingly to NFHS-3- 13% of married women have unmet need for family planning down from 20% in NFHS-1 and 16% NFHS-2 [3,4]. Our study has reported that 45.1% women have unmet need which is more than the national average. However Puri et al have reported 49.8% women had unmet need for contraception [7]. Unmet need is moving target as “Westoff and Bankole” have observed. It rises as more women want to control their fertility and it falls as more women use the contraception [8]. There was significant association between prevalence of unmet need and age. NFHS-2 has reported that the unmet need for contraception is highest (27%) among women below age 20 yrs and is almost entirely for spacing the births rather than for limiting the births. It is also relatively high for women in age group 20-24 yrs (24%) with about 75% of the need being for spacing the births. The unmet need for contraception among women aged 30 yrs and above are mostly for limiting the births [3]. There was significant association between number of children and categories of unmet need. In our study 59.2% women of unmet need group have 2 or more children. A study from Calcutta reported that 92% of women of unmet need group have 2 or more children [9]. There are 2 patterns of unmet need related to women’s education. Better-educated women have less unmet need than women with little or no education as in Turkey. While in Ghana the level of unmet need is same regardless of women’s educational status [2]. Although women at all educational level wants to avoid pregnancy & less educated (below primary school) face more obstacles to using contraception [2]. The unmet need for spacing increases with increasing education through 8-9 years of completed education, but the unmet need for limiting is highest for women with no education [4]. As a result, total unmet need is practically the same for women with different levels of completed education. Westoff & Bankole have shown that in countries outside Africa, many women at all educational level want to avoid pregnancy [8]. Unmet need for contraception is particularly high for Muslim women and particularly low for Sikh and Jain women [4]. However there was no significant association found between women’s occupational pattern and her unmet need. A question often raised is why more married women do not use some form of contraception; usually a women expresses multiple reasons for this. The most common reasons observed in the study 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%). Health education and motivation is needed to overcome these causes. Many a times, even services are available, especially for spacing methods but they are either costly or having some side effects which ultimately tends to discontinuation of such method. It can be concluded that health education campaigns are necessary to increase awareness and counseling of eligible couples on small family norm is essential.

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