

ORIGINAL ARTICLE

Factors affecting unmet need for family planning in married women of reproductive age group in urban slums of LucknowAnjali Pal¹, Uday Mohan², M Z Idris³, Jamal Masood⁴¹Assistant Professor, Department of Community and Family Medicine, AIIMS, Raipur, ²Professor and Head, ³Former Professor, ⁴Professor, Department of Community Medicine and Public Health, K.G Medical University, Lucknow

Abstract	Introduction	Methodology	Results	Conclusion	References	Citation	Tables / Figures
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Abstract

Background: Unmet need for family planning signifies the gap between the reproductive intentions of couples and their actual contraceptive behaviour. The National Family Health Surveys carried out in India in 1992-93, 1998-99 and 2004-2005 have revealed that for a sizable proportion of the population in the reproductive age group, the need for contraceptive services are not met with despite the existence of a National Policy on family planning since 1983. This study was carried out to assess the extent of unmet need for family planning among married women of reproductive age group in urban slums of Lucknow and identify the various factors affecting it. **Study design:** Cross sectional **Setting:** four urban slums of Lucknow **Participants:** 414 married women in the age group of 15- 44 years **Study variables:** age, education, occupation, religion, parity **Statistical analysis:** chi- square test, logistic regression analysis, fisher's exact test **Results:** the extent of unmet need among married women of reproductive age group was 53.1%. The unmet need was found to be significantly associated with age, number of living sons, discussion of family planning with husband, perception of husband's view on family planning and husbands' behaviour towards use of family planning method. Logistic regression analysis of unmet need showed that the lower age of the woman, lesser number of living sons and husband's discouragement towards the use of FP method were correlated with the unmet need for Family Planning.

Key Words

Unmet Need; Family Planning; Urban Slums

Introduction

The National Family Health Surveys carried out in 1992-93, 1998-99 and 2004-2005 have revealed that for a large proportion of the population, the need for family planning services are not met with despite the existence of a National Policy on family planning since 1983 (1).

The National Population Policy 2000 (Ministry of Health and Family Welfare, India) in addition to reiterating the need to stabilize population and to reduce the total fertility rate to replacement levels by 2010 has accorded priority to fulfil the unmet need for contraception.

Unmet need for family planning signifies the gap between the reproductive intentions of couples and their actual contraceptive behaviour. If measured accurately it can indicate the potential demand for

family planning services and the likely impact on fertility if the demand is met effectively. Since the concept emphasizes the need to concentrate on women who already have expressed the desire to limit or postpone child bearing, it has special significance in the context of client centered, women-oriented Reproductive and Child Health (RCH) approach adopted by India and other developing countries after International Conference on Population and Development (ICPD) held at Cairo in 1994. Formulation of effective strategies to address this issue depends to a large extent on our understanding of the nature of unmet need and the factors that lead to variations in the extent of unmet need in different populations.(2) In the recently conducted NFHS 3 (2005-06) the unmet need in Uttar Pradesh is reported to be higher than the national average. This underlined the need for a comprehensive study of unmet need in the state in

order to develop an appropriate and locally relevant strategy to overcome the problem of unmet need.

Aims & Objectives

1. To study the extent of unmet need among married women of reproductive age group.
2. To identify the biosocial and other factors affecting unmet need.

Material and Methods

The present study was carried on married women of reproductive age group (age 15 - 44 yrs), in urban slums of Lucknow for a period of one year from September 2009 to August 2010. The study design was Cross-sectional. The Sample size was estimated on the basis of 30% prevalence of unmet need for family planning among married women in Uttar Pradesh (NFHS 1, 1992-93) and relative precision/ allowable error of 15% with confidence interval of 95%. Multistage stratified random sampling method was used to select the requisite sample size. Wards of Lucknow city were stratified into trans Gomti and cis Gomti areas at the first step. In second step two wards each were randomly selected from trans Gomti and cis Gomti areas. One slum from each selected ward was randomly **included namely** -: Baba ka Purva slum (municipal ward Paper Mill Colony), Bheekampur slum (municipal ward Nishatganj), Janata Nagari slum (municipal ward Wazirganj A), and Chaudhri Garahiya (municipal ward Netaji Subhash) House to house survey was done and the requisite 414 sample was drawn from the 4 slums. The women were interviewed on a predesigned and pretested proforma by house to house survey to find the unmet need group. This was done using the standard formulation which included all currently married women who were not using any method of contraception but did not desire any more children or wanted to wait two or more years for the next child. The unmet need group also included pregnant women with mistimed or unwanted pregnancy and amenorrhoeic women whose last delivery was mistimed or unwanted.

Results

Out of the 414 married women, 220 (53.1 %) had an unmet need, 123 (29.7 %) had a met need, while 71(17.2 %) had no need. Thus the total number of women who were in need of family planning (unmet need plus met need) was 343. [Table-1](#) shows that unmet need was highest (86.4%) among women in the age group 15-19 years which declined with increasing age. This association was found to be statistically significant ($p=0.000$)

[Table-2](#) shows that unmet need was higher (66.3%) for housewives than that for working women (51.9%). This association was found to be statistically significant ($p=0.04612$). [Table-3](#) shows that unmet need was

66.5% among the illiterate women while it was lower (59.1%) for those women who were literate and had completed middle school and it further decreased to 57.1% for those who had completed high school and above. However, this association was not statistically significant.

[Table-4](#) shows that no statistically significant association was found between the unmet need and the per capita income per month [Table-5](#) shows that unmet need steadily decreased as the number of living children increased to three or four thereafter increasing again for women with more than four living children. This association was found to be statistically significant ($p=0.000$). [Table-6](#) shows that women with less number of sons had a higher unmet need. This association was found to be statistically significant ($p=0.000$).

[Table-7](#) shows that a statistically significant association existed between the unmet need and spousal communication of family planning ($p=0.000$).

[Table-8](#) shows that unmet need was 51.6 % among women who thought that their husbands approved of family planning while it was higher (79.7%) among those who thought that their husbands disapproved of family planning. This association was found to be statistically significant ($p=0.000$).

[Table-9](#) shows that unmet need was much higher (77.7%) among the women whose husbands had discouraged them towards the use of family planning methods as against those who were encouraged (37.8%).the difference was statistically significant at $p=0.0000$ level. It was also observed that unmet need was significantly higher among the group whose husbands were indifferent with them towards the use of family planning methods as compared to the women who were encouraged ($p=0.000$) or discouraged ($p=0.016$)

The variables which were found significant at $p < 0.15$ level in bivariate analysis were entered in multivariate logistic regression model to see the important factors affecting the unmet need [Table-10](#).

It was observed that lower age of the woman, lesser number of living sons and husband's discouragement towards the use of family planning methods were correlated with the unmet need for family planning.

Discussion

In the present study 53.1% of the married women had an unmet need for family planning. The unmet need observed in this study is much higher than that observed by Robey B et al. (1996) (3) who reported that about 20% of married women had an unmet need in the developing world as a whole excluding China. Similarly much lower figures of unmet need have also been reported by studies conducted in India i.e. 23.1 %

by Ram R et al. (2000) (4), 16% by NFHS-2 India (1998-99) and 21.9% by NFHS-3 (2005-06) UP. According to NFHS-III survey, one in five (21%) currently married women in UP had an unmet need for family planning in 2005-06. (5)

One of the main reasons responsible for the comparative higher level of unmet need observed in the present study could be the fact that the study was confined to slum dwellers. Westoff CF et al. (1995) (6) also stated that within cities the slums or squatter neighborhoods were likely to have higher levels of unmet need than elsewhere.

In the present study the unmet need was found to be significantly associated with the age of the women ($p=0.0000$). It was also seen that women with a lesser number of living sons had a higher unmet need than those with a greater number of living sons. Similar observations were also made by Devi DR et al. (1996) (7).

Similar results were seen in a study by Srivastava D K et al (2011). (8) Where the highest percentage of unmet need for family planning was noted in the age group 15-19 years (66.66%). Various researchers like Kumari C (9) & Chandhick N et al (10) also observed that the use of contraceptive measure was least among the similar age group. This can be attributed to the fact that the young couples do not have sufficient knowledge of various contraceptive methods available or they have fear of the side effects of the contraceptive methods. The unmet need was 53.8% among those women who were housewives while it was 49.1% among those who were working. Among working women unmet need for limiting was more than three times that for spacing. While the met need was totally for limiting.

The present study found that while the levels of the unmet need (47.7%) and the met need (42.4%) were almost equal for the women who had discussed family planning with their husbands, unmet need was much higher (62.5%) than the met need (7.9%) among those who had not discussed family planning with their husbands. Among the women who had discussed with their husbands unmet need for limiting (29%) was slightly higher than that for spacing (18.7%) while among those who had not discussed, unmet need for spacing (40.1%) was much higher than that for limiting (22.4%). In contrast Rama Rao S et al. (1995) (11) observed that in India the level of unmet need for limiting births was significantly lower among couples who had discussed family planning than among those who had not, but that the unmet need for spacing was not much affected by discussion.

Unmet need was found to be higher among those women who thought that their husbands disapproved of family planning. Robey B et al (1996) (3) also observed that women with unmet need were much

less likely than the contraceptive users to believe that their husbands approved of family planning. Kincaid DL et al. (1993) (12) also reported that 93% of the contraceptive users thought that their husbands approved of family planning while only 65% of the women with unmet need thought so. Similar findings were also observed in the study by Srivastava D K et al.(2011) (8) where it was noted that women whose husbands approved the use of contraceptive methods were having less unmet needs for family planning than women whose husbands disapproved or were unaware of their husband's view.

The unmet need was observed to be much higher (71.8%) in the present study among those women whose husbands had discouraged them towards the use of contraception than that (33.9%) seen in women whose husbands had encouraged them towards the use of contraception. Wasnik et al also reported similar results where it was seen that in 12% of the mothers the reason for unmet need was opposition from husband, families and communities (13)

The present study showed that the women with unmet need were also less likely to know whether their husbands approved of family planning as it was observed that a comparatively larger proportion (21.4%) of women with unmet need did not know about their husbands views on family planning as compared to 3.3% of women with met need (current contraceptive users). This compares well with the finding of Bhushan I (1997) (14) who observed on analysis of DHS 1988-1994 data that in Madagascar only 3% of contraceptive users did not know their husbands' views about contraception as compared to 29% of the women with unmet need.

It was also seen that unmet need was maximum among the group whose husbands were indifferent towards the use of contraceptive methods. This clearly brings out the dominant role of the women themselves in the adoption of family planning methods as compared to the encouragement / discouragement by their husbands. This underlies the need for greater emphasis on motivating women for adopting family planning methods.

Conclusion

The study shows that the unmet need was higher for the younger, the illiterate, the non-working women and those with a lesser number of living sons. Unmet need was also higher among those women who had never discussed family planning with their husbands, who thought that their husbands disapproved of family planning and those whose spouses had discouraged them towards use of family planning methods. On the logistic regression analysis of unmet need it was observed that the lower age of the woman, lesser

number of living sons and husband's discouragement towards the use of family planning method were correlated with the unmet need for family planning.

Recommendation

The findings of the present study, stress the need for evolving following strategy for meeting the need for planned and small family norms. It is desirable to initiate family planning, responsible parenthood, reproductive rights and choices awareness programmes targeting specially educationally and economically backward groups. The programmes should specifically address to the various reasons e.g. Myth of loss of virility, side effects, male child preference/urge to have at least one male child responsible for disinclination towards adoption of family planning methods. The programmes should also take care of the "limiting" and "spacing" of children requirements among the targeted families.

Counselling of women for allaying the unfounded fear of side effects of contraceptive methods will help increase the acceptance of family planning methods.

There is need to focus the programmes on men as well, as they often play an important and dominant role in the decision pertaining to the family size and the use/non-use of family planning methods. Counselling for better communication between husband and wife about family planning is crucial for better mutual reproductive health decisions.

There is need to considerably enlarge the scope of the family planning programmes by including unmarried men and women of reproductive age and newly married couples. Such groups were earlier considered to have no unmet family planning needs.

Also actions need to be taken to improve the formal educational status of both men and women. The improved educational status and consequent better job opportunities and rise in financial position of the family shall lead to increased adoption of family planning methods.

Authors Contribution

This study was carried out by the author under the guidance and supervision of Dr Uday Mohan, Professor and Head of Department of Community Medicine and Public Health, King George's Medical University Lucknow. Dr M Z Idris and Dr Jamaal Masood also supported the author in this study.

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Tables

TABLE NO. 1 RELATION OF UNMET NEED WITH AGE

Age Group	Total Need.	Unmet Need	
	No.	No.	%
15-19	22	19	86.4
20-24	78	66	84.6
25-29	108	71	65.7
30-34	75	37	49.3
35-39	49	21	42.8
40-44	11	6	54.5
Total	343	220	64.1

$\chi^2 = 36.30; df = 5; p = 0.000$

TABLE NO. 2 RELATION OF UNMET NEED WITH OCCUPATION

Occupation	Total Need	Unmet Need	
	No.	No.	%
Non-working (Housewife)	291	193	66.3
Working	52	27	51.9
Total	343	220	64.1

$\chi^2 = 3.98; p = 0.04612; df = 1; p = 0.04612$

TABLE NO. 3 RELATION OF UNMET NEED WITH EDUCATION

Education	Total Need	Unmet Need	
	No.	No.	%
Illiterate	236	157	66.5
Literate up to Middle School complete	93	55	59.1
High School and above	14	8	57.1
Total	343	220	64.1

$\chi^2 = 1.89, df = 2; p = 0.3881$

TABLE NO. 4 RELATION OF UNMET NEED WITH SOCIOECONOMIC STATUS

Socioeconomic Status		Total Need (Number)	Unmet Need	
Class	Per Capita Income/Month		Number	%
I	≥1600	17	13	76.5
II	1000 – 1599	36	26	72.2
III	500 – 999	119	71	59.7
IV	200 – 499	154	98	63.6
V	<200	17	12	70.6
Total		343	220	64.1

$\chi^2 = 3.50, df = 4; p = 0.477$

TABLE NO. 5 RELATION OF UNMET NEED WITH THE NUMBER OF LIVING CHILDREN

No. of Living Children	Total Need (Number)	Unmet Need	
		Number	%
0	11	11	100.0
1 – 2	123	99	80.5
3 – 4	151	78	51.6
>4	58	32	55.2
Total	343	220	64.1

$\chi^2 = 32.70, df = 3; p = 0.000$

TABLE NO. 6 RELATION OF UNMET NEED WITH NUMBER OF LIVING SONS

No. of Living Sons	Total Need	Unmet Need	
	No.	No.	%
0	59	52	88.1
1	102	72	70.2
2	114	72	63.1
3	46	14	30.4
4	19	8	42.1
5+	3	2	66.6
Total	343	220	64.1

$\chi^2 = 43.40, df = 5; p = 0.000$

TABLE NO. 7 RELATION OF UNMET NEED WITH DISCUSSION OF FAMILY PLANNING WITH HUSBAND

Discussed family planning with Husband	Total Need (Number)	Unmet Need	
		Number	%
Yes	236	125	52.9
No	107	95	88.8
Total	343	220	64.1

$\chi^2 = 41.06, df = 1; p = 0.000$

TABLE NO. 8 RELATION OF UNMET NEED WITH WOMAN'S PERCEPTION OF HUSBAND'S VIEW ON FAMILY PLANNING

Woman's Perception of Husband's View on Family Planning	Total Need (Number)	Unmet Need	
		Number	%
Husband approves	213	110	51.6
Husband disapproves	79	63	79.7
Does not know	51	47	92.1
Total	343	220	64.1

$\chi^2 = 40.23, df = 2; p = 0.000$

TABLE NO. 9 RELATION OF UNMET NEED WITH HUSBAND'S BEHAVIOR WITH WIFE TOWARDS USE OF FAMILY PLANNING METHOD

Husband's Behavior	Total Need (Number)	Unmet Need	
		Number	%
Encouraged	156	59	37.8
Discouraged	72	56	77.7
Indifferent	115	105	91.3
Total	343	220	64.1

$\chi^2 = 89.69, df = 2; p = 0.000$

TABLE NO. 10 LOGISTIC REGRESSION ANALYSIS FOR UNMET NEED

Factors	Odds Ratio	95% confidence interval	p
Age	0.52	0.39 – 0.71	0.000
Education	0.77	0.55 – 1.07	0.119
Occupation	0.80	0.60 – 1.07	0.142
No. of living sons	0.66	0.49 – 0.89	0.006
Discussion of family planning with husband	1.01	0.38 – 2.71	0.970
Wife's perception of husband's view on family planning	0.95	0.76 – 1.19	0.675
Husband's discouraging behavior towards use of FP	6.22	3.46 – 11.17	0.000