ABSTRACT

Background and Objectives: Unintended fertility fuels a rate of population growth that is outpacing the country’s efforts to meet the social needs of its citizens and achieve national developmental goals. The quality of life of a large proportion of humanity during the coming century and future size of the global population will depend on how quickly the world can satisfy the current unmet need for family planning. Hence the study was undertaken to know the magnitude and composition of unmet need for family planning among married women and also to know the reasons for unmet need and to develop strategies to address unmet need for family planning.

Methods: The present study was conducted in the population covered by three Primary Health Centers (PHCs) namely Kinaye, Handignur and Vantamuri, which are the field practice areas of J. N. Medical College, Belgaum. The population covered by these three PHCs was 1,14,042. Distance of these PHCs from the city ranged between 12 Kilometers to 20 Kilometers.

According to National family health survey (2005-2006) unmet need for family planning is 14.6% in India\(^6\). Therefore taking 15% as the prevalence of unmet need for family planning sample size was calculated using formula \(4pqd^2\), and it came to 2266 married women aged between 15 – 49 years. The required number of married women were selected using population proportion to size sampling method. According to this method, required number of married women, to be selected from three primary health centres (PHC) namely Kinaye, Handiganur and Vantamuri according to the population covered by these 3 PHCs was calculated, then by using systematic random sampling technique every 9\(^{th}\) married woman from each village of 3 primary health centres were included in the study. Data was collected by using pre designed and pre tested questionnaire after taking
informed consent from married women aged between 15-49 years. Ethical clearance was
obtained from the Institutional Ethical Committee to conduct the study.

Chi square test was used to find the association between factors affecting the use of
family planning methods and also to find the association between socio demographic and
other factors and unmet need for family planning. Multivariate analysis was done using
logistic regression to find the factors that were responsible for unmet need for family
planning. Married women aged between 15 to 49 years, residing in these three PHCs at
least for the last one year were included in the study. Married women who had undergone
hysterectomy or attained menopause were excluded from the study.

Results : In the present study out of 2266 married women 55.69% were using
contraceptives, 20.17 % were non users of contraceptives, 17.08 % were ANC & PNC,
7.07 % were infecund out of them 2.07% had primary sterility & 4.99% had secondary
sterility. As the fertility intention and contraceptive use by infecund women does not have
any effect on demography hence they were excluded from further analysis.

In our study contraceptive use was associated with age of MW, as the older women
were more among contraceptive users compared to non users (60% of non users were
<25years as compared to 13% of users), better socio economic status, lesser distance from
Government health centre (< 3kms), longer duration of married life, living in nuclear
family, having more number of children, husband as decider of family size, health staff as
source of information about FP, better knowledge about FP methods were all significantly
associated with contraceptive use with p < 0.05).

Prevalence of Unmet need for family planning in our study was 16.63 %, for
spacing 9.62% and for limiting 7.01%. In our study, the significant factors that contributed
to UMN for FP among MW were, age 15 – 19years (odds ratio 2.89, 95% CI was 1.04 –
8.0, p=0.041), age 20-24years (odds ratio 3.78, 95% CI 1.6 – 9.01, p = 0.002) distance
from sub centre (odds ratio 0.69, 95% CI 0.522 - 0.94, p = 0.017). Education of husband (odds ratio 4.67, 95% CI 1.96 - 11.11, p< 0.001). Socio economic status (odds ratio 3.372, 1.31- 8.71, p = 0.012). Type of family (odds ratio 0.51, 95% CI 0.412 - 0.64, p < 0.001). Duration of Married life for 5-10 years (odds ratio 3.54, 95% CI 2.17 - 5.81, p< 0.001), for ML 10-20 years (odds ratio 1.77, 95% CI 1.07 - 2.95, p=0.027). Number of children for having 3 children (odds ratio 0.32, 95% CI 0.15 - 0.69, p = 0.004), for having 4 or more children (odds ratio 0.25, 95% CI 0.09 - 0.69, p = 0.007), source of information regarding contraceptives for television (odds ratio 2.08, 95% CI 1.22 - 3.57, p =0.007), for health worker (odds ratio 2.11, 95% CI 1.4 - 3.18, p < 0.001) for husband (odds ratio 3.17, 95% CI 1.53 - 6.58, p=0.002), for mass media and others (odds ratio 1.94, 95% CI 0.19 - 3.16, p = 0.007). Discussion regarding FP, for discussion with husband (odds ratio 2.22, 95% CI 1.66 - 2.96, p < 0.001), for discussion between husband and wife (odds ratio 3.37, 95% CI 1.12 - 2.31, p < 0.001), for discussion with health worker and Anganwadi worker (odds ratio 1.61, 95% CI 1.12 - 2.31, p = 0.01). UMN was not associated with age at menarche, age at 1st pregnancy, literacy status of MW, number of female children and knowledge about temporary contraceptives and vasectomy. The main reasons for UMN for FP methods were, 23% were unaware of the methods, 17% objection to use contraceptives, 9% said they came to know recently, 10% desire for more children by the husband / family member, 7% said fear of side effects etc.

Younger women had UMN for spacing and older women had UMN for limiting. This difference was statistically significant with p < 0.001. In our study, more number of Hindus had UMN for spacing compared to Muslims, and more number of Muslims had UMN for limiting compared to Hindus. This difference was statistically significant with p = 0.039. More number of MW with UMN for limiting were illiterates compared to spacers, literacy status of spacers was better compared to limiters, this difference was
statistically significant with p< 0.001. Age at marriage, age at 1st pregnancy and duration of married life did not differ much among spacers and limiters. In our study total number of children were more in MW with UMN for limiting. 11.93% of spacers did not have children, 57.34% of spacers had one child, whereas 2.52% of limiters had one child about 30% and 97% of MW with UMN for spacing and limiting had 2 or more children respectively. This difference was statistically significant with p < 0.001. In our study 43% and 52% of spacers and limiters had one male child, 4% and 30% of spacers and limiters had 2 male children, 51% and 17% of spacers and limiters did not have male children respectively. This difference was statistically significant with p < 0.001.

In our study, about 75% of married women with 2 or more children and who did not want to use contraceptives and also wanted children soon were between 20-29 years, 20% were between 30-34 years, 5% above 35 years. 62.37% belonged to nuclear family. 83% of MW and 90% of their husbands were literate. About 67% belonged to class IV and V of modified B.G. Prasad's classification, 18% belonged to class III, 12% class II and only 2.97% to class I. About 70% of MW had two children, 23% had three children, 7.92% had 4 and more than 4 children. 42.57% of MW had at least one male child, 16.83% had 2 male children, 2.97% had 3 and more male children and 37.63% had no male children. Those who had one male child wanted another male child and those who had 3 or more male children wanted girl child, hence they wanted to have children till they get required combination of male and female children.

Conclusion: In our study it is the total number of children and number of male children which decided the use of contraceptives, that to permanent method. Hence prevention of gender discrimination would help in reducing UMN for FP. It is also important to create awareness regarding temporary FP methods among both men and women through proper FP counselling, emphasizing male involvement in FP, giving more incentives to those with
two girl children who opt for small family norms with adequate spacing between children before opting for permanent method of contraception, which in turn would help in increasing sustained use of contraception both for spacing and limiting.

Keywords: Unmet need, Family planning, married women, rural, community