

A comparative study to assess the unmet need for family planning and its determinants among married women in rural and urban community

Deepak Jamadar¹, K.P.Joshi^{2*}

Affiliation: ¹ Assistant Professor cum Statistician, Dept. of Community Medicine, ² Professor, Dept. of Community Medicine, SVS Medical College.

Date of Submission : 29-05-2019

Date of online Publication : 30-06-2019

Date of Acceptance : 26-06-2019

Date of Print Publication : 30-06-2019

***Author for correspondence:** Dr.K.P.Joshi , Professor, Dept. of Community Medicine, SVS Medical College, Yenugonda, Mahabubnagar Telangana State-509001. E-mail: drkpjoshi76@gmail.com

ABSTRACT

Background: Unconstrained population growth is mainly due to the unmet need for family planning. The major tools for improving the health of the population are increasing awareness on the use of contraceptives and implementation of effective family planning services **Aim and Objectives:** To Compare and identify the determinants of unmet need for family planning among married women in rural and urban community **Methods:** 1200 married women in the age group of 15-49 years were selected from the all seven talukas of Gulbarga from which 600 study participants who were selected randomly from wards in urban areas and 600 study participants from the villages in rural areas by using multistage sampling techniques. Collected data was tabulated and analyzed by using SPSS software **Results:** The prevalence of unmet need for family planning of married women is statistically associated with area of residence (Chi-square=4.1100 p<0.05) at 5% level of significance. There is significant association between need for family planning of married women with age groups, religion, Educational qualification, number of living children, income group, status of still birth, knowledge about family planning method and ideal age for marriage are found to be statistically significant **Conclusion:** The unmet need for family planning is maximum in rural and urban married women among illiterates (54.27%) and (53.33%), minimum in graduates and higher degree. Women literacy rate contributes significantly in decreasing the unmet need. Unmet need for family planning is maximum in rural and urban married women among Muslim religion (45.74%) and (41.46%), minimum in other religions. We also found that age, the number of children, ideal age for marriage and being highly supportive of family planning were found to be important indicators of current contraceptive.

Key Words: Unmet need, met need, Family planning, population, community, married women (MW)

INTRODUCTION

Unmet need for family planning related to the women who are sexually active and don't want child but not using any method of contraception, they are considered to have an unmet need for contraception [1]. Unmet need is a powerful concept for designing family planning programmes and has important implications for future population growth. Unmet need for contraception varies substantially according to the demographic and social characteristics of women. The unmet need for contraception by judicious use of resources. Substantial progress has been made in improving access to family planning globally and in India too.

There is a need for controlling the population growth through control of conception rather than prevention of conception. So as to help couples to decide freely and responsibly the number and spacing of their children [2]. India is considered to be in the third stage of demographic transition that is late expanding stage where though birth rate has decreased over the few years but still it is more than death rate. Unintended fertility fuels a rate of population growth that is out pacing the country's efforts

to meet the social needs of its citizens and achieve national developmental goals [3].

In developing countries as a whole, excluding China, about 20 per cent of married women of reproductive age have Unmet need for family planning. In total more than 100 million sexually active women in developing countries would like to adopt some measures of family planning [4]. Worldwide about 40 to 60 million abortions are estimated to be performed annually, out of it half are performed illegally and many are unsafe, putting the life of pregnant women is at risk. This is one of the indicators of high rate of unmet need for family planning [5]. Even though prevalence of Unmet need for family planning is decreasing in many countries but due to increase in population the absolute number of women with Unmet need is also increasing [6].

METHODS

The study was conducted in the year 2012 to 2017 after approval from the doctoral committee of Gulbarga University, Kalaburagi. The pre-tested questionnaire was

used, the purpose of the study was fully explained to the participants and data was collected after the participant's consents. 1200 married women in the age group of 15-49 years were selected randomly from all the seven talukas of Kalaburagi district. Out of this 600 urban study participants were selected randomly from the urban wards out of 55 wards after applying multistage sampling technique. Similarly in rural areas, randomly villages are selected and 600 study participants were selected by multistage sampling procedure. The inclusion criteria were women in the reproductive age group of 15-49 years who were currently married, who were not using any method of contraception, but who either did not want any more children or wanted to wait for two or more-years-before having another child. Exclusion criteria were currently pregnant married women and unmarried women, separated/divorced women, widows, were excluded from both urban and rural community.

RESULTS

The unmet need for family planning among MW in rural community is 40.33% and 34.67% in urban community. The unmet need for family planning among rural MW is higher as compared to unmet need for family planning of among urban MW. The prevalence of unmet need for family planning of MW is statistically associated with area of residence (Chi-square=4.1100 $p < 0.05$) at 5% level of significance [Table 3.1].

The unmet need for family planning of rural MW in the age group of 15-20yrs (50.98%) and minimum among 21-30yrs of age (34.33%) followed by other age groups. There is significant association between need for family planning of MW and age groups (Chi-square=10.2270, $p < 0.05$). Urban MW in the age group of 41-49yrs (49.32%) and minimum among 21-30yrs of age (25.30%), followed by other age groups. There is significant association between need for family planning of MW and age groups (Chi-square=28.5010, $p < 0.05$). Unmet need for family planning is maximum among rural married women belonging to Muslim religion (45.74%) and minimum in married women belonging to Christian religion. There is significant association between need for family planning of married women and religions (Chi-square=8.8920, $p < 0.05$). Unmet need for family planning is maximum among urban married women belonging to Muslim religion (41.46%) and minimum among married women belonging to other religions (20.59%). There is significant association between need for family planning of married women and religions (Chi-square=8.4570, $p < 0.05$). The unmet need for family planning is maximum among rural MW who are illiterates (54.27%) and minimum in graduates and higher degree (14.29%) followed by other educational qualifications. There is significant association between need for family planning of MW and educational qualifications (Chi-square=56.0020, $p < 0.05$) at 5% level of significance. Among urban the unmet need for family planning is maximum who are illiterates (53.33%) and minimum in with graduation and

higher degree. There is significant association between need for family planning of MW and educational qualifications (Chi-square=136.0010, $p < 0.05$). In rural MW the unmet need is maximum with 1-2 children (41.18%) and minimum in with more than 5 children (41.18%) followed by rural MW with 3 to 5 children. There is no significant association between need for family planning of MW and the number of living children (Chi-square=0.0370, $p > 0.05$). The Unmet need is maximum in urban MW with more than 5 children (45.99%) and minimum in urban MW with 1 to 2 children (27.78%) followed by urban MW with 3 to 5 children. There is significant association between need for family planning of MW and the number of living children (Chi-square=10.2580, $p < 0.05$). Unmet need for family planning is maximum in rural MW living in nuclear family (41.05%). There is no significant association between need for family planning of rural MW and types of family (Chi-square=0.9980, $p > 0.05$). Unmet need for family planning is maximum in urban MW living in nuclear family (34.98%). There is no significant association between need for family planning of urban MW and types of family (Chi-square=0.2660, $p > 0.05$). Unmet need for family planning is minimum among rural MW whose opinion about ideal age of the women to become pregnant is 20+yrs (41.13%) as compared to unmet need for family planning in rural MW who felt that the ideal age of the women to become pregnant is 15-20yrs (62.98%). There is no significant association between need for family planning of rural MW and opinion of ideal age of the women to become pregnant (Chi-square=0.2930, $p > 0.05$). Unmet need for family planning is maximum among urban MW whose opinion about ideal age of the women to become pregnant is 20+yrs (40.78%) as compared to unmet need for family planning in urban MW who felt that the ideal age of the women to become pregnant is 15-20yrs (32.07%). There is significant association between need for family planning of urban MW and opinion of ideal age of the women to become pregnant (Chi-square=4.2120, $p < 0.05$).

In rural unmet is maximum in rural MW with 4+ living children (59.38%) and minimum in rural MW with 1-2 living children (33.68%), followed by rural MW with 3-4 living children. There is significant association between need for family planning of MW and number of living children (Chi-square=13.7060, $p < 0.05$). The unmet need for family planning is maximum in urban MW with 4+ living children (54.55%) and minimum in urban MW with 1-2 living children (27.15%) followed by urban MW with 3-4 living children. There is significant association between need for family planning of MW and number of living children (Chi-square=21.2020, $p < 0.05$). The unmet need for family planning is minimum in rural MW have no experience of abortion (39.88%) as compared to maximum in rural MW have experience of abortion (42.86%). There is no significant association between need for family planning of MW and status of abortion (Chi-square=0.2840, $p > 0.05$). The unmet need for family planning is minimum in urban MW have experience of abortion (22.03%) as compared to maximum in urban MW

have experience of abortion (36.04%). There is significant association between need for family planning of MW and status of abortion (Chi-square=4.6110, $p<0.05$). The unmet need for family planning is minimum in rural MW with experience of still birth (33.33%) as compared to maximum in rural MW with no experience of still birth (40.40%). There is no significant association between need for family planning of MW and status of still births (Chi-square=0.1230, $p>0.05$). In urban maximum MW with experience of still birth (57.14%) as compared to minimum in no experience of still birth (34.40%). There is significant association between need for family planning of MW and status of still births (Chi-square=1.5800, $p<0.05$).

The unmet need for family planning is minimum in rural MW have no experience of infant deaths (40.33%) as compared to maximum women have experience of infant deaths (40.35%). There is no significant association between need for family planning of MW and status of infant deaths (Chi-square=0.0001, $p>0.05$). The unmet need for family planning is minimum in urban MW have experience of infant deaths (31.43%) as compared to maximum women have experience of infant deaths (34.87%). There is no significant association between need for family planning of MW and status of infant deaths (Chi-square=0.1720, $p>0.05$). In rural maximum MW with experience of physical deformity (66.67%) as compared to minimum in rural MW with no experience of physical deformity (39.93%). There is no significant association between need for family planning of MW and status of physical deformity baby (Chi-square=2.6330, $p>0.05$). In urban maximum MW with experience of physical deformity (66.67%) as compared to minimum in with experience of physical deformity (34.34%). There is no significant association between need for family planning of MW and status of physical deformity baby (Chi-square=2.7400, $p>0.05$). The prevalence of unmet need for family planning is maximum in rural MW with no knowledge of family planning is (47.48%) as compared to minimum in rural MW with knowledge about family planning (38.18%). There is significant association between need for family planning of MW and knowledge about family planning methods (Chi-square=3.8420, $p<0.05$). The unmet need for family planning is maximum in urban MW with no knowledge of family planning is (54.96%) as compared to minimum in urban MW with knowledge of family planning (29.00%). There is significant association between need for family planning of MW and knowledge about family planning methods (Chi-square=30.4780, $p<0.05$).

Unmet need for family planning is maximum among rural MW whose opinion about the ideal age of the women for marriage is 18+yrs (43.41%) as compared to unmet need for family planning in rural MW who felt that the ideal age of the women for marriage is 15-18yrs (38.73%). There is no significant association between need for family planning of rural MW and opinion of ideal age of the women for marriage (Chi-square=1.2290, $p>0.05$). Unmet need for family planning is maximum among urban MW whose opinion about the ideal age of the women for marriage is 18+yrs (46.95%) as compared to unmet need for family planning in urban MW who felt that

the ideal age of the women for marriage is 15-18yrs (30.05%). There is significant association between need for family planning of urban MW and opinion of ideal age of the women for marriage (Chi-square=15.0380, $p<0.05$) [Table 3.2].

DISCUSSION

In this paper, we made an attempt to describe the various determinants of unmet need for family planning in married women in rural and urban population. The study revealed that unmet need for family planning among MW in rural population is 40.33% and 34.67% in urban population. The unmet need for family planning among rural MW is higher as compared to unmet need for family planning of among urban MW. Similar study done by A. Kasthuri et al.[7] rural areas have higher unmet need (14.1%) when compared to their urban counterparts (9.7%).

Unmet need for family planning is maximum among rural married women belonging to Muslim religion (45.74%) and minimum in MW belonging to other religions. In urban MW belonging to muslim religion (41.46%) and minimum among other religions (20.59%). Religion was also observed to be a factor leading to having a higher unmet need for family planning as was found in other studies in India and Ethiopia [8, 9 and 10].

In rural MW with 4+ living children (59.38%) and minimum in rural MW with 1-2 living children 33.68%, followed by rural MW with 3-4 living children. The unmet need for family planning is maximum in urban MW with 4+ living children (54.55%) and minimum in urban MW with 1-2 living children (27.15%) followed by urban MW with 3-4 living children. A study conducted in Uttarpradesh by Rabiul Ansary et al. [11]. Revealed that there was positive relationship between number of living children and level of Unmet need i.e., number of living children increases the level of Unmet need also increases.

There is significant association between need for family planning of married women with age groups, Educational qualification, number of living children, income group, status of still birth, knowledge about family planning method and ideal age for marriage are found to be statistically significant. From the other studies they were also found that, literacy, age, the number of children, and being highly supportive of family planning were found to be important indicators of current contraceptive [12,13 and14].

Conclusion:

In our study we found that, Unmet need for family planning is maximum among rural and urban married women who belonging to Muslim religion (45.74%) and (41.46%) and minimum who belonging to other religions. There is significant association between need for family planning of married women and religions. Our study also found that, in rural and urban MW the unmet is maximum in illiterates (54.27%) and (53.33%), minimum in graduates and higher degree. There is significant association between need for family planning of MW and educational qualifications. We also found that

age, the number of children, ideal age for marriage, knowledge of family planning methods being highly supportive of family planning were found to be important indicators of current contraceptive. The proper measure should be taken to increase the literacy rate in both the community. Increasing literacy rate will help to reduce the unmet need and also to create awareness in the various religions about family planning methods with the help of their religious leaders to reducing the unmet need for contraception.

References:

1. Igwegbe AO, Ugboaja JO, Monago EN. Prevalence and determinants of unmet need for family planning in Nnewi, south-east Nigeria. *Int J Med Med Sci* 2009;1 (8): 325-29.
2. Henshaw SK, Singh S and Haas T. The incidence of abortion worldwide, *International Family Planning Perspectives*, 1999, 25(Supplement):S30-S38.
3. USAID. Perspectives of Unmet Need for Family Planning in West Africa – Policy Project Briefing Paper 2011.
4. Kishore J. National Health Programs of India. 7th ed. New Delhi: Century Publication; 2007. pp 93-197.
5. Nega Mihret. Determinants of unmet need for contraception among currently married couples in West Belessa Woreda, North Gondar of Amhara, Ethiopia. <http://hdl.handle.net/123456789/1866> Accessed March 2009.
6. Sahle Sita. Assessment of the Magnitude and Determination of UnMet Need for Family Planning among Currently MW in Urban and Peri-urban Community in Awassa. South Ethiopia – Master's Thesis of Addis Abada University 2003.
7. A.Kasthuri, et.al. Cross-Sectional Study of Unmet Need for Spacing and Limiting Method of Contraception among Rural MW. *National Journal of Res. Com. Med.* 2012.
8. Barman S. Socio-economic and demographic determinants of unmet need for family planning in India and its consequences. *J Res Humanit Soc Sci.* 2013;3(3):62–75.
9. Gebre G, Birhan N, Gebreslasie K. Prevalence and factors associated with unmet need for family planning among the currently married reproductive age women in Shire-Enda-Slassie, northern west of Tigray, Ethiopia 2015: a community based cross-sectional study. *Pan Afr Med J.*
10. Westoff CF, Bankole A. Unmet need: 1990–1994; 1995.
11. Rabiul A and Md. Anisujjaman. Factors determining pattern of unmet need for family planning in Uttar Pradesh, India. *International Research Journal of Social science.* Vol.1.(4),16-23:2012.
12. Central Statistical Agency. Ethiopia Demographic and Health Survey. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ORC Macro: 2011.

13. Omo-Aghoja LO, Omo-Aghoja VW, Aghoja CO, Okonofua FE, Aghedo O, Umueri C, et al. (2009) Factors associated with the knowledge, practice and perceptions of contraception in rural southern Nigeria. *Ghana Medical Journal* 43: 115–121.
14. Sharma V, Mohan U, Das V, Awasthi S. Socio-demographic determinants and knowledge, attitude, practice: survey of family planning, Sharma. *Journal of family medicine and primary care* 2012;1: 43–47.

Conflict of Interest : None

Source of funding support: NIL

How to cite this article: Deepak Jamadar , K.P.Joshi. A comparative study to assess the Unmet need for family planning and its determinants among married women in rural and urban community. *Nat J Res Community Med* 2019;8(2): 180-183.

© Community Medicine Faculties Association-2019

NJRCM: www.commedjournal.in

