

# A STUDY TO ASSESS THE FACTORS INFLUENCING UNMET NEED OF FAMILY PLANNING AMONG MARRIED WOMEN IN SELECTED VILLAGES OF UDUPI DISTRICT, KARNATAKA

Lekshmi A.R.<sup>1</sup>, Ansuya<sup>2</sup> & Manjula<sup>3</sup>

<sup>1</sup>Student M. Sc. (N), <sup>2,3</sup>Assistant Professors

Department of Community Health Nursing

Manipal College of Nursing, Manipal University, Manipal, Karnataka, INDIA

Correspondence:

Ansuya

Assistant Professor, Department of Community Health Nursing, Manipal College Of Nursing Manipal

Manipal University, Manipal, Karnataka, India

Mobile : +91 95358 94558, Fax: 0820 2922572 E-mail : ansuya.bengre@manipal.edu

## Abstract :

**Background:** Millions of women worldwide who are sexually active, who would prefer to avoid becoming pregnant, but are not using any contraception, these women are considered to have an “unmet need” for Family Planning. The concept of “unmet need” points to the gap between some women’s reproductive intentions and their contraceptive behaviour<sup>1</sup>. Bridging the gap can lead to a great success in the family planning programme and realization of the dream of stable population.

**Objectives:** To assess the unmet need of family planning and the factors influencing the unmet need among married women.

**Materials and Methods:** A descriptive survey was under taken among 280 married women selected using purposive sampling. Data were collected using structured questionnaire.

**Results:** About 41.1% of the total subjects had the unmet need for family planning in that 32.2% were having unmet need for spacing and 67.8% for limiting. Majority (55.7%) were not using family planning because of fertility related reasons. The study revealed that there was a significant association between unmet need and variables like age and number of living children. There was a significant association between unmet need and fertility related reasons.

**Conclusion:** Since the unmet need of family planning is existing, awareness of the public in relation to family planning should be ongoing especially to the general public with lower level of education.

**Keywords:** Family planning, factors influencing unmet need

## Introduction :

India is the second populous country in the world . The current population of India is about 1.22 billion. Karnataka is the eight largest states in India in terms of Population. According to Population census of 2011, the Population of Karnataka is 6.11 corers . The Population of Karnataka has increased 17.20%as compared to last census of India in

1991. The main solution of the growing population is to implement the family planning programmes in India. Importance of the family planning programme as a device in controlling population

explosion is universally recognized. The objective of family planning welfare programme in India is that people should adopt the small family norm to stabilize country's population. Since the launch of nationwide family planning programme in 1951 attempts have been made from time to time to encourage the women to accept and adopt contraception. In spite of efforts of the programmers there are women who have never used a method of family planning throughout their reproductive life.

A large number of women who are sexually active and would prefer to avoid or delay child bearing but are not using any contraception, are said to have an unmet need for family planning.<sup>1</sup> This concept clearly indicates a gap between a woman's reproductive intention and

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contraceptive behaviour. There are over 35 million such women in India. Important reasons for unmet need include fertility related reasons, health concerns, fear of side effects, etc. The present study was conducted to find out the prevalence of unmet need and factors influencing it, which will be helpful in planning need based awareness programmes that in turn prevents unwanted pregnancies.

**Objectives of the study :**

To asses the unmet need of family planning and the factors influencing the unmet need among married women.

To find out association between unmet need of family planning and factors influencing unmet need.

**Materials and Methods :**

A descriptive survey was conducted among 280 married women between the age group of 18-45 years residing in Athrady and Hirebettu villages of udupi district. Samples were selected by using non probability purposive sampling technique. Self-administered structured questionnaire was used to collect data. The background information of the sample were collected by using demographic proforma and factors influencing unmet need assessed by using structured questionnaire

**Results:**

Table 1 : Distribution of sample characteristics :

Most (29.3%) of the samples were in the age group of 31-35 years; educated up to secondary education (37.9%). Majority (61.1%) of the sample were housewives; (87.9%) were Hindus; (56.7%) were having two children and 52.1% had monthly income between Rs 3001-6000. Majority (60%) of the samples had heard about family planning from health workers.

Fig 1 : Description of unmet need of family planning:

Among 280 samples about 165(59.%) were using different family planning methods and 115(41%) were having the unmet need.

Table 2: Distribution of type of unmet need of family planning.

Data represented in table show that among 115 women

with unmet need, 67.8% do not want any more children but they are not using family planning measures so they are having unmet need for limiting. About 32.2% wanted children but like to postpone it and are not using family planning measures, so they are having unmet need for spacing. From this it is inferred that unmet need for limiting is more among women than spacing.

Fig2 : Description of factors influencing unmet need.

Among 115 samples, majority 55.7% were not using family planning because of fertility related reasons, 53% are due to health concerns, fear of side effects 43.5, objection to family planning 40.9%, difficulty with use 36.5%, husband's disapproval and religious restrictions 31.3%, non-availability and unsatisfactory services 24.3% and 21.7% due to lack of knowledge.

Table 3 : Association between unmet need and factors influencing unmet need of family planning.

The study revealed that there was a significant association between unmet need and fertility related reasons ( $\chi^2=4.723$ ,  $p=0.03$ ). There is no significant association between unmet need and other variables factors. Hence it is inferred that unmet need is dependent on fertility related reasons and independent on other factors.

Table : 1 Frequency and percentage distribution of sample characteristics. n=280

Sample characteristics	f	%
Age in yrs		
<20	5	1.8
21-25	34	12.1
26-30	70	25
31-35	82	29.3
36-40	51	18.2
41-45	38	13
Educational status		
Illiterate	14	5
Primary school	95	33.9
Secondary school	106	37.9
PUC	27	9.6
Graduate	30	10.7
Post graduate	8	2.9
Religion		
Christian	8	2.9
Hindu	246	87.9
Muslim	26	9.3

Sample characteristics	f	%
Type of family		
Joint	123	43.9
Nuclear	157	56.1
Monthly income(Rs)		
<3000	26	9.3
3001-6000	146	52.1
6001-9000	95	33.9
>9000	13	4.6
Occupation		
Coolie	61	21.8
House wife	171	61.1
Private employee	36	12.9
Govt employee	12	4.3
No. of living children		
1	82	29.3
2	159	56.8
3	30	10.7
>3	82	29.3
Source of information		
Health workers	168	60
Family members	15	5.4
Friends	12	4.3
Mass media	83	29.4
Others	2	0.7

Table 2 : Distribution of type of unmet need of family planning among study population n=115

Type of unmet need	f	%
Spacing	37	32.2
Limiting	78	67.8

Fig 1 : Description of unmet need of family planning:

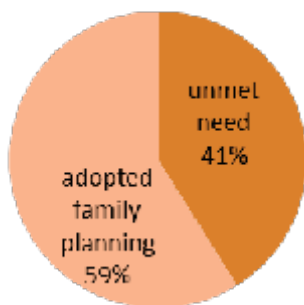


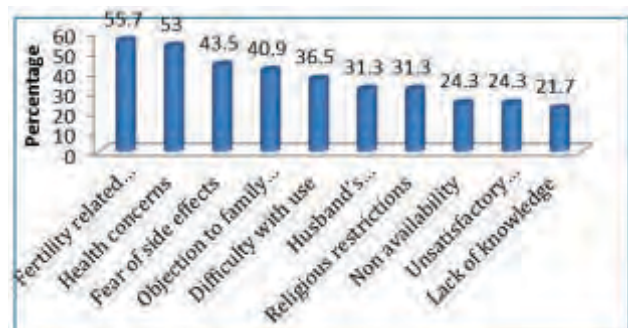
Table 3: Association between unmet need and factors influencing unmet need of family planning. n=115

Factors influencing	Unmet need	x <sup>2</sup> value	df	P value
	Spacing	Limiting		
Lack of knowledge			0.214	1 0.643
Yes	9	16		
No	28	62		
Religious restriction				
Yes	14	22	1.083	1 0.298
No	23	56		
Husband's disapproval				
Yes	12	24	0.032	1 0.857
No	25	54		
Non availability				
Yes	12	16	1.936	1 0.164
No	25	62		
Objection to family planning				
Yes	15	32	0.002	1 0.961
No	22	46		
Health concerns				
Yes	21	40	0.302	1 0.583
No	16	38		
Fear of side effects				
Yes	14	36	0.706	1 0.041
No	23	42		
Difficulty with use				
Yes	11	31	1.085	1 0.291
No	26	47		
Unsatisfactory services				
Yes	7	21	0.873	1 0.350
No	30	57		
Fertility related reasons				
Yes	26	38	4.723	1 0.03*
No	11	40		

\*significant at <0.05 level of significance

Fig 2 : Factors influencing unmet need :

n=115



### Discussion :

The present study shows that 41.1% of the samples were having unmet need, in this 67.8% have unmet need for limiting and 32.2% have unmet need for spacing. This was supported by a study conducted by Puri A, Garg S to find the unmet need for contraception in Delhi. The study reveals that 49.8% women had unmet need and in that 22.6% had unmet need for spacing and 27.2% had unmet need for limiting. Another study conducted by Cali S, Kalaca S, Sariyaka O reveals that about 43% of the samples were having unmet need in that 62% were having unmet need for limiting and 27.3% for spacing which is in agreement with the present study findings.<sup>3</sup>

The present study reveals that majority (55.7%) were not using family planning because of fertility related reasons, 43.5% due to fear of side effects and 24.3% due to unsatisfactory services. This was supported by a study conducted by Govindaswamy P and Boadi E to find the unmet need in Ghana. The study shows that most (34.6%) of samples were not using contraception due to fertility related reasons.<sup>4</sup> Another study conducted by Rama R, Ghosh M, Battacharya S, Halder A, Chatterjee C, Naskar N with an aim to identify the factors influencing unmet need

for family planning in Calcutta. The study shows that 25.5% of samples reason for not using contraceptive is fear of side effects and 27.5% unsatisfactory services.<sup>5</sup>

The present study shows a significant association between unmet need and fertility related factors ( $\chi^2=4.723$ ,  $p=0.03$ ) and no association was found between unmet need and lack of knowledge, religious restriction, availability, husband's disapproval, health concerns. Thang MN, Anh DN conducted a study to assess the accessibility and use of contraceptive among 5,310 married women of reproductive age in Vietnam. The study revealed that unmet need for family planning was 78.9% and there was a significant association between availability and contraceptive use (95% CI, OR-0.5) which is contradictory to the present study findings.<sup>7</sup>

### Conclusion:

Unmet need is still prevalent in the rural areas of Udupi district. Health professionals especially field staff should be trained to provide an informed choice to couples and also sufficient knowledge should be imparted regarding reproduction and contraception.

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