

Unmet Need for Family Planning among Women of Reproductive Age Group in a Rural Area of Kanchipuram District, Tamil Nadu

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Abstract

Background: Population of the world is in an increasing trend and India accounts for 17.5% of the global population. As Indian women have different levels of awareness and acceptance of family planning, it may lead to their unmet need for family planning.

Objective: To assess the unmet need for family planning and its determinants among women of reproductive age group in a rural area of Kanchipuram District, Tamil Nadu.

Materials and Method: A cross sectional study was conducted among 140 women of reproductive age group 15- 45 years in Pulipakkam village of Kanchipuram District over a period of three months (April - June 2019). Data collection was done using a pretested semi- structured questionnaire by personal interview method. The households were selected by simple random sampling. Data analysis was done using SPSS 16V. Association between variables were computed by chi-square test with 5% level of significance.

Results: Of the 140 study participants, 132(94.3%) of them were married and 133(95%) of the women were homemakers. The overall prevalence of unmet need for family planning was 16.42%. 69.56% women mentioned fear of side effects as the commonest reason followed by husband's disapproval(13.04%) and cultural/ religious beliefs (8.69%).

Conclusion: The prevalence of unmet need for family planning is high among the women of Pulipakkam village, which may lead to unwanted pregnancies and pose a serious threat to the mother, family and society.

Keywords: Family planning, Unmet need, Women of reproductive age.

Introduction

Global population is expected to reach 9 billion by the year 2050 and India being the second most populous country accounts for 17.5% of the global population.¹

Family planning services improve the quality of lives of people and their economic welfare. Indian women have different levels of awareness and acceptance of family planning due to various social and cultural beliefs.² NHFS – III (2005- 6) revealed that contraceptive prevalence rate was 56% compared to 48% in the past decade. A declining trend in contraceptive prevalence was reported by NFHS- IV(2013-14) as 54%. Female sterilization is the most preferred method of contraception in India which is about 76% in Tamil Nadu.³ According to WHO the advantages of family planning include: Prevention of pregnancy related health risks in women, reducing infant mortality, helping to prevent HIV/AIDS,

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empowering people and enhancing education, reducing adolescent pregnancies, slowing population growth etc.⁴ Unmet need for family planning is, “Those women who are fecund and sexually active but are not using any method of contraception and report not to have any more children or want to delay the birth of their next child”.⁵ It is a crucial indicator for achieving the target of universal access to family planning. It also denotes the gap between women’s reproductive intentions and their contraceptive behavior. Prevalence of contraception complements unmet need for family planning. Globally advances in family planning has lead to a decline in prevalence rates of unmet need for family planning, while it is increasing in developing countries like India. Tamil Nadu was reported to have prevalence rates of 10.1% and hence this study was attempted.⁶

Objective: To assess the unmet need for family planning and its determinants among women of reproductive age group in a rural area of Kanchipuram District, Tamil Nadu.

Materials and Method

A cross-sectional study was conducted among women of reproductive age group (15- 49 years) residing at Pulipakkam village of Kanchipuram District over a period of 3 months (April – June 2019). The sample size was estimated as 140, based on the prevalence of unmet need for family planning 31%, from Prasad et al.⁴ Complete sampling frame was obtained after which the households were selected by simple random sampling. Women of reproductive age group (15- 49 years) and those willing to participate in the study were included after getting informed written consent. Locked houses and eligible women who were not available in the house during data collection were excluded. Ethical approval was sought from the Institutional Ethics Committee of Karpaga Vinayaga Institute of Medical Sciences and Research centre. Data collection was done using a pretested semi structured questionnaire containing sociodemographic profile, awareness, perceptions and practice of family planning method by personal interview method. Data was entered in Microsoft Excel and analyzed using SPSS 16v. Descriptive statistics such as mean, standard deviation, frequency and percentage were calculated. The association between variables were computed by chi-square test with 5% level of significance.

Results

Data was obtained from 140 study participants

with mean age 31.82 ± 6.97 years. Table 1 describes that 134(94.3%) of them were married and majority belonged to Hindu religion 120(85.71%). 54(38.57%) were educated up to High school while 3(2.14%) were illiterates.

Table 2 shows that major sources of information on contraception were from family members 67(47.85%) and doctors/health care workers 60(42.85%). Current contraceptive usage was found to be 58(41.42%). The decision on selection and usage of contraceptive method were from self/husband in around 102(72.85%).

Unmet need for family planning was present among 14(10%) women in the age group of 26- 35 years compared to 7(5%) and 2(1.42%) in the women of age group 15- 25 years and 36- 49 years respectively. The association between unmet need for family planning and age of the participant was found to be statistically significant ($p = 0.02$).

14(10%) women with 1 child had high unmet need for family planning compared to 9(6.42%) women with 2 children. The association between unmet need for family planning and number of children born to the study participant was statistically significant ($p = 0.001$) (Table 3).

Figure 1 describes the most common reason of unmet need for family planning as the fear of side effects (69.56%), husband’s disapproval (13.04%) and cultural/religious beliefs (8.69%).

Table 1 Distribution of participants based on socio demographic characteristics

Distribution of Participants	Frequency (n) (n-140)	Percentage (%)
Marital status		
Unmarried	3	2.14
Married	132	94.30
Separated	2	1.42
Widow	3	2.14
Religion		
Hindu	120	85.71
Muslim	13	9.28
Christian	7	5.01
Education		
Illiterate	3	2.14
Primary school	13	9.28

Distribution of Participants	Frequency (n) (n-140)	Percentage (%)
Middle school	28	20.01
High school	54	38.57
Higher secondary	21	15
Graduate and above	21	15
Occupation		
Home maker	133	95
Working women	7	5

Table 2 Distribution of study participants based on contraceptive use

Distribution of study participants	Frequency (n) (n- 140)	Percentage (%)
Source of information		
Family members	67	47.85
Friends/Neighbors	55	39.28

Distribution of study participants	Frequency (n) (n- 140)	Percentage (%)
Doctors/Health care workers	60	42.85
Media	32	22.85
Others	8	5.71
Contraceptive usage		
Ever used	108	77.15
Never used	32	22.85
Unmet need	23	16.42
Current contraceptive use		
Yes	58	41.43
No	82	58.57
Decision on selection and usage of contraceptive method		
Self/husband	102	72.86
Doctors	34	24.29
Relatives/friends	4	2.85

Table 3 Association between unmet need for family planning and sociodemographic characteristics of the study participants

Unmet need for family planning	Present n (%) (n-140)	Absent n (%) (n-140)	Total n (%)	χ^2/p value
Age of the participant				
15 – 25 years	7(5)	22(15.71)	29(20.71)	$\chi^2 = 6.16$ p = 0.02
26 – 35 years	14(10)	55(39.28)	69(49.28)	
36 – 49 years	2(1.42)	40(28.57)	42(30)	
Age on marriage				
15 – 18 years	1(0.71)	30(21.42)	31(22.14)	$\chi^2 = 5.31$ p=0.07
19 – 23 years	14(10)	61(43.57)	75(53.57)	
24 – 30 years	7(5)	23(16.42)	30(21.42)	
Educational status				
Primary school and below	0	16(11.42)	16(11.42)	$\chi^2 = 5.16$ p=0.07
Middle school	3(2.14)	25(17.85)	28(20)	
High school and above	20(14.28)	76(54.28)	96(68.57)	
Per capita income (in INR)				
<1000	0	3(2.14)	3(2.14)	$\chi^2 = 2.98$ P = 0.22
1000 – 1999	2(1.42)	26(18.57)	28(20)	
>2000	21(15)	88(62.85)	109(77.85)	
Number of children born to the participant				
1 child	14(10)	30(21.42)	44(31.42)	$\chi^2 = 14.92$ p=0.001
2	9(6.42)	50(35.71)	59(42.14)	
3 and more	0	37(26.42)	37(26.42)	

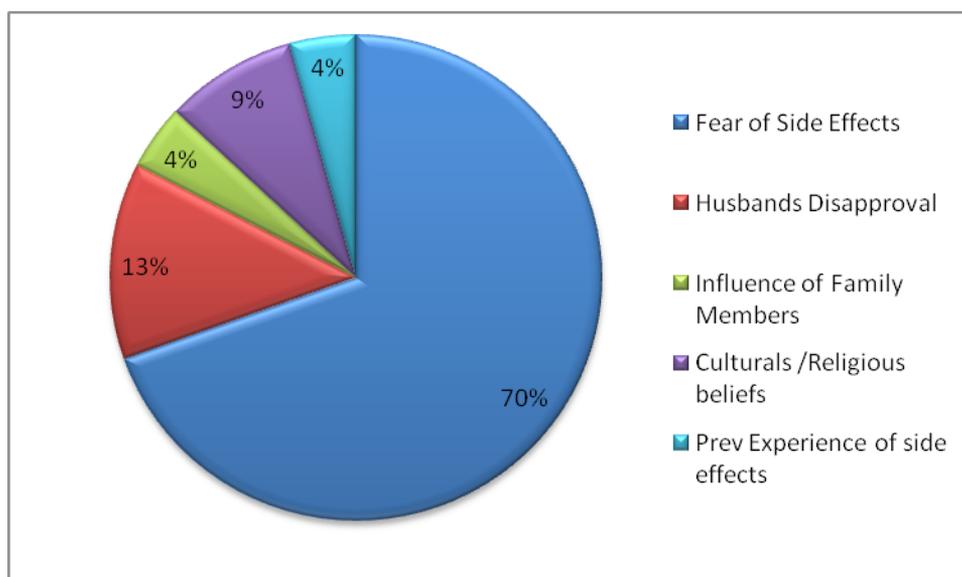


Figure 1 Reasons for unmet needs of family planning (n- 23)

Discussion

Unmet need for family planning is a useful measure of gap between the women's reproductive desires and provision of health services. Assessment of this indicator is an important analytical tool which serves as a benchmark in policy making. This indicator also shows the country's compliance with reproductive health rights of its population.⁵

The overall prevalence of unmet need for family planning was 16.42% in this study and a much varying prevalence were found in other studies of about 12.7%, 31%, 36.7%, 42% respectively.^(9, 4, 12, 7)NFHS -4⁸ data shows prevalence of unmet need for family planning in Tamil Nadu as 10.1%, which is lower compared to the present study.

Out of the total 140 study participants in this study, 38.57% were educated up to High school which was similar to a study by Prasad et al⁴. However in Jahan et al 40% women had only primary level of education and it was observed that increase in level of education lead to increased awareness.³

Major source of information on contraceptive method were from family members (47.85%) in the current study, compared to government health facilities in a study by Prasad et al⁴.

It was observed that 41.42% of the study participants were currently using contraceptive method, whereas it

was higher 51.7% in Prasad et al⁴. Findings by Gupta et al revealed a much higher prevalence of about 62%.¹

Fear of side effects was the most common reason of unmet need for family planning among 69.56% of study participants in this study, similar to Valekar et al.⁷ This was followed by other reasons such as husband's disapproval (13.04%) and cultural/religious beliefs (8.69%) in the present study. Family interference and cultural/religious restrictions were identified as the most common reasons in a study by Sahasrabuddhe et al,¹¹ while it was found to be the fourth and third most common reason in the present study.

In this study, higher prevalence of unmet need for family planning was found among 10% of study participants in the age group of 26-35 years, compared to younger age groups and women >35 years in other studies.^{4,9}

In the current study, age and number of children born to the participant were significantly associated with unmet need for family planning. However, in Sabat et al significant association between unmet need for family planning and age, education of women, age at marriage, number of living children, contraceptive knowledge and inter-spousal communication were observed.¹²

Limitation: In depth interviews may give better insight on unmet need for family planning in the study area.

Conclusion

The prevalence of unmet need for family planning was found to be high among women of Pulipakkam village, which may lead to unwanted pregnancies and pose a serious threat to the mother, family and society.

Recommendation: Health education to the women of reproductive age group regarding family planning methods and health seeking behavior can be enhanced to reduce the unmet need for family planning.

They can also be motivated to utilize the services provided by health care workers.

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Conflict of Interest: None declared.

Ethical Approval: The study was approved by the Institutional Ethics Committee (KIMS/PG/2019/41).

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