

Unmet Need For Contraception: An Overview From A District In West Bengal.

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ABSTRACT

Objectives: To address the social correlates of unmet need for contraception among currently married women of reproductive age group. **Methods:** This community based cross sectional study was conducted in urban and rural areas of Howrah district of West Bengal during April to Sept 09. Multistage stratified random sampling was followed. **Results:** Out of total 2000 respondents, 1400 (70%) belonged to nuclear family; more than half (57.2%) were below 30 years of age. About 1/3rd (33.3%) of the respondents had no institutional education. The overall unmet need for contraception in this study was 8.7%. Unmet need was higher among the rural, Muslim, illiterate and lower age group. The main reasons for unmet need were lack of information (39%), fear of adverse effect (21.3%), and

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opposition from husband (11.5%), hindrance from elder family members (10.4%), inconvenient time (8%), and religious barrier (3.5%). **Conclusion:** To minimize the unmet need BCC programme to be strengthened

Key Words: Unmet need, Contraception, Social correlates, Behavior change communication (BCC)

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INTRODUCTION:

In India, family planning programme was started in the year 1952 and was the first country in the world to do so. Since 1977 the programme was renamed as family welfare programme and lastly to the present reproductive and child health (RCH) programme. This change was made particularly to emphasize adoption of family planning methods voluntarily without compulsion and also to increase the acceptance of contraceptive methods by reproductive age group people¹.

Unmet need for family planning is defined as the percentage of currently married women who either want to space their next birth or stop child bearing entirely but are not using any contraceptive. Still there are at least 35 million people who are not using any method of contraception in spite of fact that they would either like to stop or space child bearing. These women are considered to have unmet need for contraception.

The National Population Policy 2000 has recognized as its immediate objective the task of addressing the unmet need for Contraception to achieve the medium term objective of bringing the Total Fertility Rate (TFR) to replacement level by 2010 (Net Reproduction Rate to 1) so as to achieve the long term goal of population stabilization by 2045. The National Family Health Survey-3 (NFHS—3), data showed contraceptive prevalence in India as 56.3% and unmet need as high as 13%

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including 6% for spacing². The corresponding figures for unmet need in West Bengal are 8% and 4%³.

In India, very few studies have focused on unmet need, with this view the present study was undertaken with the objectives of assessing the unmet need of contraception among the currently married women of reproductive age group in a district of West Bengal and also to find out the influence of social correlates with unmet need.

MATERIALS &METHODS:

This community- based cross-sectional study was conducted in urban & rural areas of West Bengal during April to September 09. The sampling technique used was a multistage stratified random sampling.

One district was chosen randomly from the 19 in the State of West Bengal and that district was Howrah. Out of total of 14 blocks in the district, 3 were selected randomly i.e Domjur, Sankrail and Bagnan Blocks.

In each block, 2 sub centers were selected using simple random sampling method, and in each sub center 2 villages were selected randomly. In the urban agglomerates, two municipalities (Howrah corporation-Municipality and Uluberia municipality) were chosen randomly and 2 wards were selected randomly from each.

Thus we obtained 12 villages and 4 urban wards (As Urban and Rural population are in the ratio of 1: 3, so total 16 areas selected from the district were also distributed in the same ratio, i .e. 4 urban wards and 12 villages from blocks) for study purpose.

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Since the unmet need for family planning of currently married women in west Bengal was 8 %, by applying maximum allowable error of 15%, the sample size would be 1842. Hence the sample size was fixed at 2000 currently married women of reproductive age group.

From each selected village / ward, 125 currently married women (eligible couples) of reproductive age group were covered to get the total sample size of 2000 from the district.

The study variables were age, religion, level of education, type of family, per-capita monthly income, knowledge on contraceptive, desire to limit or space the child birth, current contraceptive practice, reasons for non-using any contraceptive method.

The data were collected by interviewing the currently married women of reproductive age with the help of pre designed, pretested schedule. Data collection was done by the junior faculty members of Community Medicine of different medical colleges of Kolkata by house-to-house visit using the standard random technique for selecting the first house.

The survey was supervised by the senior Professors of Community Medicine of different Medical Colleges of Kolkata in the state of West Bengal.

Data analysis was done by following standard statistical method using computer software i.e 'Epi-info'.

- Unmet need: Couples who do not want more children and yet do not practice family planning referred to as unmet need⁴.
- Unmet need of family planning was calculated by using Westoff's method⁴.

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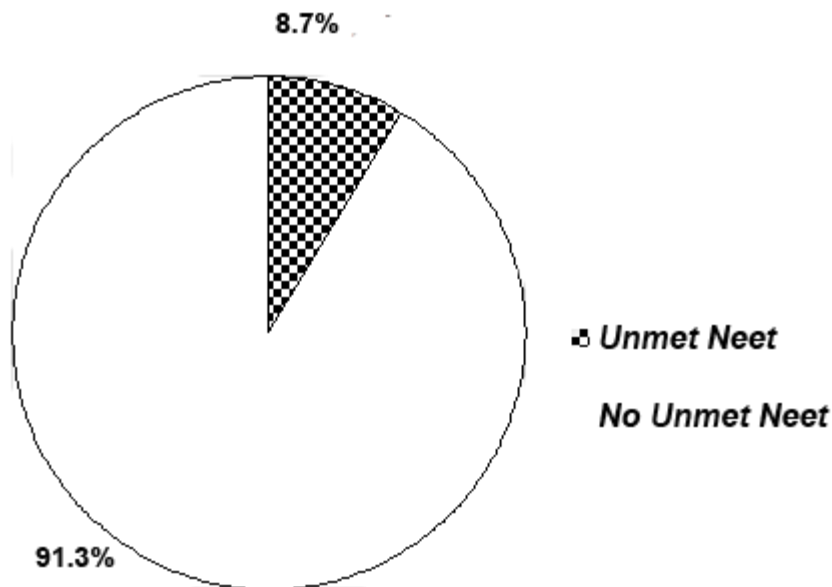
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RESULTS:

2000 currently married women of reproductive age group were studied in the district of Howrah (1500 in rural area and 500 in urban area). Among them 67 % were Hindu and rest were Muslim by religion, 1400 (70%) belonged to nuclear family and rest from joint family, more than half (57.2%) were below 30 years of age, about 1/3rd (33.35%) of them had no institutional education and majority of them (87.8%) belonged to lower social class (Poor and very poor/ Below Poverty Line group).

The overall unmet need for contraception in the present study was 8.7% as 174 women were not using any family planning method though they did not want additional children (Fig 1).

Fig 1 - Distrubution of currently married women according to their unmet neet for Contraception



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It was observed from Table no-1 that unmet need was more among the rural women (9.8%) than the urban women (5.4%) and it was also higher among Muslim women (13.6%) than Hindu (6.3%) and the difference was statistically significant ($p < 0.001$).

Unmet need was greater among the illiterate / just literate group (10.8%) than educated group (7.6%) ranging from primary to graduate and above level. The difference was statistically significant ($p < 0.005$). So literacy status of the respondents was indirectly proportional to their unmet need for family planning.

The unmet need was slightly higher among women of nuclear family (9%) than the joint family (8.2%), there was no significant difference found in case of unmet need for family planning among women of different social class. Unmet need was greater in women of lower age group than the women of higher age group, below 18 years of age it was 14.3% in 18-23 years (11.4%) in 24-29 years (9.8%), in 30-35 years (7.3%) and above 35 years the unmet need was only 3.8% shown in Table-I. The age wise difference was highly significant ($p < 0.005$).

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TABLE- 1
UNMET NEED AND SOCIAL CORRELATES OF THE RESPONDENTS (n = 2000)

Social Correlates	Unmet need		Test of significance & P value
	Number	Percentage	
I. Religion			$X^2 = 30.4$
Hindu (1341)	84	6.26	P < 0.001
Muslim (659)	90	13.65	
II. Type of family			$X^2 = 0.53$
Nuclear (1400)	126	9.00	P < 0.5
Joint (600)	48	8.00	
III. No. of Currently married women			$X^2 = 9.13$
Rural (1500)	147	9.8	P < 0.005
Urban (500)	27	5.4	
IV. Literacy status			$X^2 = 15.9$
Illiterate or just literate (667)	72	10.79	P < 0.005
Primary (426)	50	11.73	
Secondary (802)	47	5.86	
Graduate (105)	5	4.76	
V. Social class			$X^2 = 5.81$
Upper high (33)	5	15.15	P < 0.5
Upper middle (33)	3	9.09	
Upper lower (191)	17	8.90	
Poor (1070)	79	7.38	
BPL / very poor (673)	70	10.40	
VI. Age in years			$X^2 = 15.93$
< 18 (21)	3	14.28	P < 0.005
18-23 (491)	56	1.2	
24-29 (632)	62	9.81	
30-35 (573)	42	7.32	
≥ 36 (283)	11	3.88	

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There was variation of unmet need among the women of different rural blocks and urban areas. Unmet need was highest (14.6%) in Domjur block and lowest (4.4%) in Bagnan block. In case of urban area it was less (3.1%) in Howrah Corporation-Municipal area than Uluberia Municipality area where it was 7.2% and the difference was highly significant (Fig -II).

Fig II - Area specific unmet need for Contraception in the District of Howrah

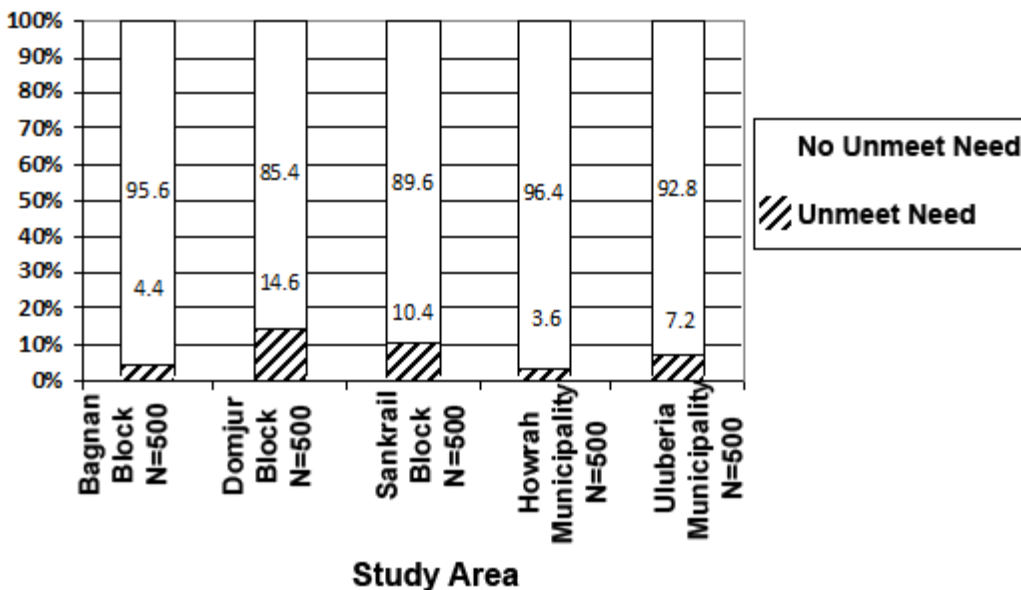


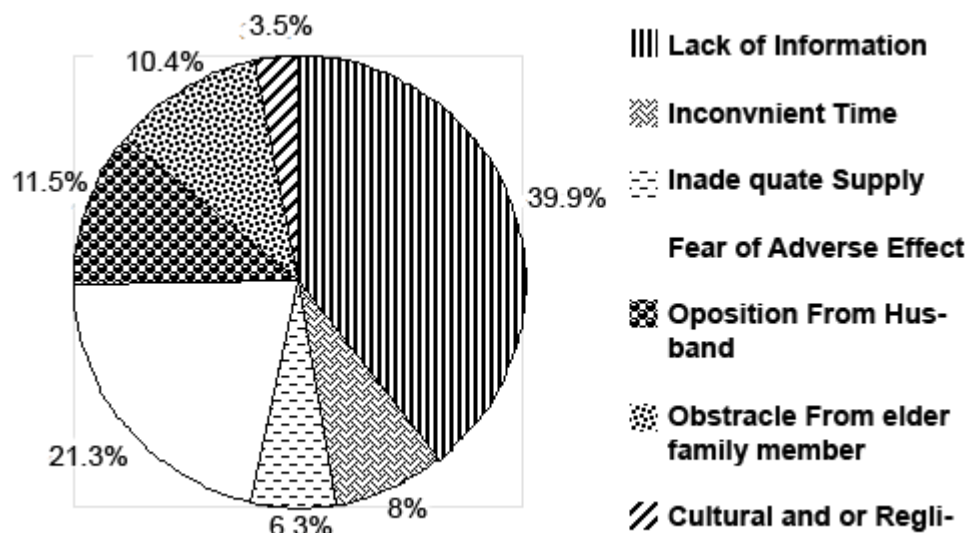
Fig III indicated the reasons for unmet need, the major reasons were lack of information (39%) followed by fear of adverse effects of contraceptives (21.3%) then opposition from husband (11.5%) and hindrance from elder member of the family (10.4%), lastly inconvenient time, inadequate supply, cultural and or

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religious barrier was expressed as reasons for non use of contraceptives by 8 %, 6.3% and 3.5% of the respondents respectively.

Fig No III: Distribution of the currently married women according to the reasons for unmet need for contracepti

**DISCUSSION:**

This study was designed to find out unmet need of family planning among the currently married women of reproductive age in the district of Howrah and some social correlates of it.

Overall unmet need of family planning was 8.7% in the present study. The similar finding was observed from the National Family Health Survey – 3 (2005-2006)³, the overall unmet need of family planning in West Bengal was 8 %³ and in India it was quite higher (13%)² than the findings of the present study.

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But the findings of the present study did not corroborate with the findings of Bhattacharya et al⁵ where unmet need was much higher (41.67%), such difference may be due to the fact that present study was community based and covered larger study subjects compared to earlier one (clinic based and small sample size).

Earlier study conducted in Uttarpradesh by Thiagarani and Adhikary⁴ showed overall unmet need of family planning among eligible couple by using Westoff's method was 6.9%⁴.

In another community based study conducted by Andurkar et al⁵ in Urban Health Centre, field practice area of Govt. Medical College, Aurangabad found higher rate of unmet need of family planning (20.5%) than the findings of the present study.

In the present study it was observed that unmet need for contraception was higher among the rural, Muslim, illiterate and lower age group of currently married women. Similar findings were observed by the earlier studies⁴⁻⁷.

The main reasons identified by the present study for unmet need of family planning were lack of information, fear of adverse effect, opposition from husband, hindrance from elder family members, cultural and or religious barrier. Similar findings were observed by the previous studies^{5,7}.

Opposition from elder member of the family constitutes as reason for 10.4% of unmet need for contraception, this unique finding indicating awareness programme to be strengthen in the community for promotion of contraceptive acceptance. Lack of information/unawareness (39%) as a main reason for unmet need in comparison to earlier studies^{4,6} where lack of information was commented as reason for non acceptance of contraceptive by 24%, 26% of the respondents respectively. This difference may be due to the fact that earlier studies were clinic based one but the present study was community based one.

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There were so many social factors like age, religion, education etc need long term measures to reduce the unmet need but other factors can be solved through BCC (Behavior Change Communication), adequate supply through CNA (Community Need Assessment) approach by involving the local health infrastructure. Awareness generation to be strengthened through interpersonal communication and focus group discussion. Formation of support group and motivators to be emphasized in the community to reduce unmet need of contraception.

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