

Original Article**A STUDY TO ASSESS THE UNMET NEEDS OF FAMILY PLANNING IN GWALIOR DISTRICT AND TO STUDY THE FACTORS THAT HELPS IN DETERMINING IT****Srivastava Dhiraj Kumar¹, Gautam Pramod², Gautam Roli³, Gour Neeraj⁴, Bansal Manoj⁵**¹ Lecturer, Department of Community Medicine, UP Rural Institute of Medical Sciences & Research²Former Post Graduate Resident, Department of Community Medicine, ³Former Post Graduate Resident, Department of Obstetrics & Gynaecology, ⁴Assistant Professor, Department of Community Medicine, G.R Medical College, Gwalior ⁵Assistant professor, Department of Community Medicine, Govt. Medical College, Sagar.**Correspondence:**

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ABSTRACT

While real progress has been made in improving access to family planning globally, the unmet needs continue to grow. So the present study was designed to determine the percentage of unmet needs of family planning in Gwalior district and to study the various co-relative factors responsible for the unmet need for family planning. The present study was a Cross Sectional Descriptive study carried out from Jan 2007 to July 2007. 520 married women were interviewed using a pre designed, pre tested structured proforma. The district was divided into urban and rural areas. The rural area was further divided into four blocks. From each block one PHC and five Sub Centers under the respective PHC were selected randomly. From each Sub Centre 11 married women were selected. The Urban area was divided into four divisions and from each division five wards were selected randomly. From each ward 20 married women were selected. Proportion, Chi square test and ODDs ratio were applied to interpret the result. The unmet need of family planning in Gwalior district was 21.70%. It was higher in rural area and women of the age group of 15-19 years. The unmet needs were also higher among women who did not have any media exposure or did not discuss about family planning with their husbands. The present study concludes that Family Planning services should be specifically directed toward the married women of the age group of 20 years or less.

Key Words: Unmet needs, Family Planning, Contraceptive Methods**INTRODUCTION**

While real progress has been made in improving access to family planning globally, the unmet needs of family planning – that is, the number of individuals who would like to use family planning methods but do not have access to a full range of modern contraceptives and information continues to grow.

In the developing world limited access to family planning results in high rate of unintended pregnancies, millions of unsafe abortions & thousands of maternal deaths. Limited access to family planning is also a leading cause of infant death in developing countries.

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.¹ Because of the large population of Asia, however, by far the greatest number of women with unmet needs live in this region. India has the most unmet need for family planning, at about 31 million.¹

The findings of National Family Health Survey (NFHS) I and II carried out in 1992-93 and 1998-99 respectively have revealed that for a large

proportion of our population, the need for family planning services is not met with despite the existence of National Policy of Family Planning since 1983. However, the analysis of recent findings of NFHS -III does reveal that the unmet need of family planning has declined from 15.8% in NFHS -II to 13.2% in NFHS -III.¹

Unmet needs for family planning signify the gap between the reproductive intentions of couples and their actual contraceptive behaviour. If measured accurately, it can indicate the potential demand for family planning services and its likely impact on fertility, if the demand is met effectively.

According to NFHS -II (1998-99), 16% of currently married women in Madhya Pradesh

have an unmet need for family planning. The level of unmet need in Madhya Pradesh is same as the level for India as a whole. A comprehensive study of unmet need in the state is highly desirable in order to develop a locally relevant and suitable strategy to overcome the problems of unmet need on priority basis.

The present study was undertaken with the following objectives:

- To determine the percentage of unmet need for family planning in Gwalior district.
- To study the various co-relative factors responsible for the unmet need of family planning.

Table -I: Shows the socio- demographic profile and unmet need of study participants.

Socio- demographic parameters	Urban		Rural		Total	
	Total (N=300)	Unmet needs (N=46)	Total (N=220)	Unmet needs (N=67)	Total (N=520)	Unmet needs (N=113)
Age of participant						
· 15-19 years	12	5	21	17	33	22
· 20-24 years	61	7	53	13	114	20
· 25-29 years	59	5	49	10	108	15
· 30-34 years	68	10	41	9	109	19
· 35-39 years	51	7	29	9	80	16
· 40-44 years	40	7	17	5	57	12
· 45-49 years	21	5	10	4	31	9
Educational Qualification						
· Illiterate	36	15	79	35	115	50
· Up to 5 th std.	61	12	64	17	125	29
· Up to 12 th std.	89	9	42	9	131	18
· Graduate	73	8	33	6	106	14
· Post Graduate	41	2	2	0	43	2
Occupation						
· Housewife	221	41	217	67	438	108
· Working	79	5	3	0	82	5
Religion						
· Hindu	159	19	148	39	307	58
· Muslim	92	24	59	26	151	50
· Sikh	46	3	13	2	59	5
· Others	3	0	0	0	3	0
Socio- Economic Class						
· Class-I	81	18	93	33	174	51
· Class-II	69	13	57	19	126	32
· Class-III	59	9	38	9	97	18
· Class-IV	63	5	19	5	82	10
· Class-V	28	1	13	1	41	2

MATERIALS AND METHODS

The present study was a Cross-Sectional Descriptive study carried out from January 2007

to July 2007 by the staff and students of the Deptt. of Community Medicine, G.R Medical College, Gwalior. The study was carried on married women of reproductive age group (age

15 to 49 years) in Gwalior district. A sample of 520 was calculated using 16.2% prevalence of unmet need for family planning among married women in Madhya Pradesh (NFHS-II, 1998-99) and a relative precision of 20% with 95% confidence interval.

The study was carried out in both rural and urban area of Gwalior district. Multistage stratified sampling method was used to select the requisite sample. In the first step, Gwalior district was divided into urban & rural area. In the second step, urban area was divided into 3 divisions, namely- Lashkar, Morar & Hazira. Similarly, the rural area was divided into 4 blocks, namely- Morar, Ghatigaon, Bhitwarwar & Dabra. In the third step, five wards from each division of urban area and one PHC from each block of rural area were selected randomly. From each PHC five sub-centres were selected. From each urban ward 20 married women and from each sub-centre 11 married women of the age group 15-49 years were selected and

interviewed through house to house survey method. To ensure active support & participation of the subject, the aims of the study were explained to them and verbal consent was sought out. The data was collected regarding socio-demographic profile, age of marriage and consummation, number of children ever born, child loss etc. The subjects were also interviewed about their knowledge of contraceptive methods, past and current use of contraceptives and their intention to use contraceptives in future. The data collected was analyzed using suitable statistical software. Proportion, chi-square test and ODDs ratio were applied to interpret the result.

RESULTS

Out of total 520 participants 300 participants belonged to urban area and 220 participants belonged to rural areas (Table-I).

Table-II: Shows the relationship between the unmet needs and number of child born and child loss

Number of children	Child living		Child loss	
	Total number	Unmet needs	Total number	Unmet needs
0	41	12	415	81
2-Jan	286	51	71	21
4-Mar	146	32	33	11
>4	47	18	2	0
Total	520	113	520	113
P value	P=0.077 df=3 X ² =6.82		P=0.23 df=3 X ² = 4.31	

There was no statistically significant difference in the demand for family planning among women who had a child loss compared to the women who did not have a child loss (Table-II).

However there was a statistically significant difference in the demand for family planning among women who did not have media exposure compared to those who had it (Table-III).

Table-III: Showing the distribution of participant according to media exposure

	Total number	Unmet needs	P Value
Yes	425	78	0.002446
No	95	35	(X ² = 9.18
Total	520	113	Df=2)
Odds ratio: 2.01(1.27 to 3.17 at 95% CI)			

Majority of women had discussed about family planning with their husbands and were aware of their husband views on family planning (Table-IV and Table-V).

Table-IV: Distribution of women who had discussion on family planning with their husband.

Response s	Total number	Unmet needs	Total
Yes	416 (85.2%)	72(14.7%)	488(100%)
No	104(71.7%)	41(28.2%)	145(100%)
Odds ratio: 2.27 (1.46 to 3.58 at 95% CI)			

DISCUSSION:

The present study had calculated the total unmet needs for family planning in Gwalior district to be 21.70% which is similar to the value found by Andurkar SP et al (20.54%).⁽²⁾ However

the rates are higher than the rates reported in NFHS-III (13.2%). It was found in the present study that unmet needs for family planning were more among residents of rural area (30.45%) than urban area (15.53%)

The highest percentage of unmet needs for family planning was noted in the age group 15-19 years (66.66%). Various researchers like Kumari C⁽³⁾ & Chandhick N et al⁽⁴⁾ also noted that the use of contraceptive measure was least among the similar age group. This can be attributed to the fact that the young couples do not have sufficient knowledge of various contraceptive methods available or they have fear of the side effects of the contraceptive methods. Also, it was noted in the study that Muslim population had least usage of contraceptive methods than any other religion and thus had maximum unmet need for family planning. Studies carried out in different parts of the country by various researchers like Diwedi SN et al⁽⁵⁾ also reported that the use of any contraceptive method is least among Muslims than any other religion. This is probably due to religious beliefs prevailing among Muslim community.

Table-V: Distribution of women according to the views of their husband on family planning.

	Total number	Unmet needs	Total
Approves	383(84.9)	68 (15.1)	451(100)
Disapproves	86 (74.7)	29 (25.3)	115(100)
Do not know	51 (75%)	16(25%)	67(100)

It was found in the present study that women with 4 or more living children are more susceptible for adoption of any contraceptive measures than any other women. A longitudinal study carried out in Central India by Roy TK et al⁽⁶⁾ also noted similar findings. Similarly women with the loss of 3-4 children are also prone to adopt any contraceptive measure. Roy TK et al⁽⁶⁾ found it to be a key factor for women intending to use any contraceptive methods.

The present study noted that women who had exposure to any form of mass media communications had less unmet needs of family planning than women who had no media exposure or very little media exposure (OR-2.0074, 95%, CI-1.27 to 3.169). Epidemiological

studies carried out by Diwedi SN et al⁽⁵⁾ also found similar results.

The present study noted that women who had discussion with their husbands on family planning were more likely to use any contraceptive methods than women who did not discuss (OR-2.27, 95%, CI-1.46 to 3.58)

It was noted in the present study that women whose husbands approved the use of contraceptive methods were having less unmet needs for family planning than women whose husbands disapproved or were unaware of their husband's view. This difference was statistically significant.

CONCLUSION:

The present study concluded that the percentage of unmet need for family planning is maximum in the young sexually active women below the age of 20 years that are residing in rural India. Family Planning measures should be specifically directed toward this group of women if India has to make any progress in controlling its population.

The study also concludes that women who have completed their families are more susceptible to adoption of permanent contraceptive methods and this facility should be provided to them.

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