A Study on Unmet Need of Contraception Among Married Women in Urban Field Practice Area of JJM Medical College, Davangere, Karnataka

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ABSTRACT

Background and Objectives: Unmet need of contraception is an on-going problem in India. The study was aimed to assess the unmet need of contraception and awareness of contraception among married women in the age-group of 15-49 years and reasons for non-usage of contraceptives among them.

Methods: The study was a community-based cross-sectional study conducted among 180 married women in the age-group of 15-49 years. The sampling method used was systematic random sampling. A pre-tested questionnaire was used to collect data. Data entry was done in Epidata and analysed by SPSS v20.0.

Results: The unmet need of contraception among study participants was 17.2%; unmet need for spacing and unmet need for limiting was 7.8% and 9.4% respectively. Majority of them had awareness of copper-T (96.1%), condoms (94.4%), oral contraceptive pills (95.6%) and tubectomy (91.7%). The most common reason for non-usage of contraceptives was preference for male child (54.8%).

Conclusions: The present study showed high unmet need of contraception among married women in the age group of 35-39 years with preference for male child as the most common reason for non-usage of contraceptives among them. Thus, there is a need to focus family planning services in this age-group of women with emphasis on gender equality.

Keywords: Unmet need, Contraception, Family planning, Awareness.

INTRODUCTION

Women with unmet need of contraception are those who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the birth of their next child.¹ The concept of unmet need points to the gap between women’s reproductive intentions and their contraceptive behaviour.²

Despite the dramatic increase in the use of family planning methods, about one in every six married women still has an unmet need of contraception and as a consequence, 76 million women still experience unintended pregnancies every year in developing countries.³ In India, National family health survey-3 (2005-06) results showed that the total unmet need of contraception is 12.8% with unmet need for spacing and limiting is 6.2% and 6.6% respectively.⁴ According to District level household and facility survey-III (2007-08), the total unmet need of contraception is 20.5% with unmet need for spacing and limiting were 7.2% and 13.3% respectively.⁵ In Karnataka, about 10% of the married women have an unmet need of contraception with unmet need for limiting is 4% and unmet need for spacing by...
is declining steadily since National family health survey-1. In Davangere district of Karnataka, total unmet need of contraception is 11.6% with unmet need for spacing and limiting was 6.8% and 4.9% respectively.

Though the extent of unmet need in Davangere district is comparable with national figure (12.8%) but still it exists as a problem and poses a challenge to family planning programme. So, there is an urgent need to identify those issues which are contributing to the unmet need in Davangere district and develop locally relevant strategies to focus family planning programme towards those identified issues for further improvement in the coverage and quality of family planning programme.

With this view, the present study was undertaken to assess the unmet need of contraception and awareness of contraception among married women in the age group of 15-49 years in urban field practice area of J.J.M. Medical College, Davangere and reasons for non-usage of contraceptives among them.

MATERIAL AND METHODS

The study was a community-based cross-sectional study and conducted from March 2015 to August 2015 in an urban field practice area of J. J. M. Medical College, Davangere, Karnataka, India. Davangere is located in the central part of Karnataka, about 250 Kilometres from state’s capital Bengaluru. The study population consists of married women in the age-group of 15-49 years, residing in the urban field practice area.

The prevalence of 11.6% was taken for total unmet need of contraception according to Karnataka DLHS 2012-13 and 5% of absolute precision with 95% of confidence interval; sample size of 164 was obtained. A 10% non-response rate was also taken into consideration. And total sample size was rounded off to 180.

The urban field practice area has 12 anganwadi centres and caters to a total population of 16,943. All Anganwadi centres were included in the study and from each Anganwadi centres, 15 households were selected using systematic random sampling for equal distribution of sample size. If there were more than one married women in a household, Kish Grid method was used to select one participant.

Inclusion criteria: (a) All married women in the reproductive age-group of 15-49 years; (b) Pregnant and lactating mother with mistimed pregnancies.

Exclusion criteria: (a) Married women with contraceptive failure. (b) Pregnant women who wanted to have children within two years. (c) Those who did not give consent to participate in the study.

The selected married women were interviewed after obtaining informed verbal consent from them. A pre-tested structured questionnaire was used to collect data regarding socio-demographic profile, age at marriage, duration of marriage, awareness of contraception and reasons for non-usage of contraceptives. Modified BG Prasad classification, 2014 was used to assess socio-economic status. Working group was classified according to participants response included house maids, teachers, tailors and business. Ethical clearance was obtained from the institutional ethical review committee.

Data collected was entered in EpiData v.3.1 software (EpiData Association, Odense, Denmark). Data was analyzed with the help of Statistical software for social sciences (SPSS) v20.0. Proportions, mean and confidence interval were employed for interpretation of data.

RESULTS

Out of 180 married women interviewed, 31 (17.2%) women had unmet need of contraception; unmet need for spacing and limiting were 7.8% and 9.4% respectively (Figure-1). Their mean age, mean age at marriage and duration of marriage were 27.2 +5.4, 23.2+4.3 and 9.6+ 3.8 years respectively.

In the present study, the unmet need of contraception was highest among following study participants- married women in the age group of 35-39 years (21.9%); illiterate women (63.6%); house wives (18.8%); Muslims (27.9%) and Class V socio-economic status (23.6%) [Table-1].

![Figure 1: Unmet need of contraception among study participants.](image-url)
Table 1: Socio-demographic profile and unmet need for contraception among study participants

<table>
<thead>
<tr>
<th>Socio-demographic profile</th>
<th>Total study participants (n=180)</th>
<th>Spacing</th>
<th>Limiting</th>
<th>Total unmet need</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age of participants (years)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-19</td>
<td>23</td>
<td>4 (17.4)</td>
<td>1 (4.3)</td>
<td>5 (21.7)</td>
</tr>
<tr>
<td>20-24</td>
<td>32</td>
<td>4 (12.5)</td>
<td>2 (6.3)</td>
<td>6 (18.8)</td>
</tr>
<tr>
<td>25-29</td>
<td>36</td>
<td>3 (8.3)</td>
<td>2 (5.6)</td>
<td>5 (13.9)</td>
</tr>
<tr>
<td>30-34</td>
<td>29</td>
<td>1 (3.4)</td>
<td>3 (10.3)</td>
<td>4 (13.8)</td>
</tr>
<tr>
<td>35-39</td>
<td>22</td>
<td>1 (3.7)</td>
<td>4 (18.2)</td>
<td>5 (21.9)</td>
</tr>
<tr>
<td>40-44</td>
<td>23</td>
<td>1 (3.7)</td>
<td>4 (17.4)</td>
<td>5 (21.1)</td>
</tr>
<tr>
<td>45-49</td>
<td>15</td>
<td>----</td>
<td>1 (6.7)</td>
<td>1 (6.7)</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illiterate</td>
<td>11</td>
<td>4 (36.4)</td>
<td>3 (27.3)</td>
<td>7 (63.6)</td>
</tr>
<tr>
<td>Primary</td>
<td>22</td>
<td>3 (13.6)</td>
<td>3 (13.6)</td>
<td>6 (27.3)</td>
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<tr>
<td>Secondary</td>
<td>28</td>
<td>3 (10.7)</td>
<td>5 (17.9)</td>
<td>8 (28.6)</td>
</tr>
<tr>
<td>Pre-University College</td>
<td>51</td>
<td>2 (3.9)</td>
<td>2 (3.9)</td>
<td>4 (7.8)</td>
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<tr>
<td>Graduate</td>
<td>45</td>
<td>1 (2.2)</td>
<td>3 (6.7)</td>
<td>4 (8.9)</td>
</tr>
<tr>
<td>Post-graduate</td>
<td>23</td>
<td>1 (4.3)</td>
<td>1 (4.3)</td>
<td>2 (8.7)</td>
</tr>
<tr>
<td><strong>Occupation</strong></td>
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<td></td>
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<tr>
<td>Housewife</td>
<td>144</td>
<td>13 (9.0)</td>
<td>14 (9.7)</td>
<td>27 (18.8)</td>
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<tr>
<td>Working</td>
<td>36</td>
<td>1 (2.8)</td>
<td>3 (8.3)</td>
<td>4 (11.1)</td>
</tr>
<tr>
<td><strong>Religion</strong></td>
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<td></td>
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<tr>
<td>Hindu</td>
<td>112</td>
<td>5 (4.5)</td>
<td>7 (6.3)</td>
<td>12 (10.7)</td>
</tr>
<tr>
<td>Muslim</td>
<td>68</td>
<td>9 (13.2)</td>
<td>10 (14.7)</td>
<td>19 (27.9)</td>
</tr>
<tr>
<td><strong>Socio-economic status</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
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<td>Class-I</td>
<td>9</td>
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<td>--</td>
<td>1 (11.1)</td>
</tr>
<tr>
<td>Class-II</td>
<td>23</td>
<td>1 (4.3)</td>
<td>1 (4.3)</td>
<td>2 (8.7)</td>
</tr>
<tr>
<td>Class-III</td>
<td>28</td>
<td>1 (3.6)</td>
<td>3 (10.7)</td>
<td>4 (14.3)</td>
</tr>
<tr>
<td>Class-IV</td>
<td>65</td>
<td>6 (9.2)</td>
<td>5 (7.7)</td>
<td>11 (16.9)</td>
</tr>
<tr>
<td>Class-V</td>
<td>55</td>
<td>5 (9.1)</td>
<td>8 (14.5)</td>
<td>13 (23.6)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>180</td>
<td>14 (7.8)</td>
<td>17 (9.4)</td>
<td>31 (17.2)</td>
</tr>
</tbody>
</table>

(Figure in parenthesis indicates percentage)

Table 2: Awareness of contraception among study participants (n=180)

<table>
<thead>
<tr>
<th>Contraceptive type</th>
<th>Total (%)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral contraceptive pills</td>
<td>172 (95.6)</td>
<td>92.5-98.6</td>
</tr>
<tr>
<td>Copper-T</td>
<td>173 (96.1)</td>
<td>93.3-98.9</td>
</tr>
<tr>
<td>Condoms</td>
<td>170 (94.4)</td>
<td>91.1-97.8</td>
</tr>
<tr>
<td>Tubectomy</td>
<td>165 (91.7)</td>
<td>87.6-95.7</td>
</tr>
<tr>
<td>Vasectomy</td>
<td>159 (88.3)</td>
<td>83.6-93.0</td>
</tr>
<tr>
<td>Centchroman</td>
<td>10 (5.6)</td>
<td>2.2-8.9</td>
</tr>
<tr>
<td>Injectable contraceptives</td>
<td>99 (55)</td>
<td>47.7-62.3</td>
</tr>
<tr>
<td>Emergency contraceptive pills</td>
<td>109 (60.6)</td>
<td>53.4-67.7</td>
</tr>
</tbody>
</table>

Table 3: Reasons for non-usage of contraception among study participant with unmet need (n=31)

<table>
<thead>
<tr>
<th>Reason for non-usage</th>
<th>Total* (%)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconvenient or unsatisfactory services</td>
<td>8 (25.8)</td>
<td>10.4-41.2</td>
</tr>
<tr>
<td>Lack of information</td>
<td>3 (9.7)</td>
<td>0.7-20.1</td>
</tr>
<tr>
<td>Fear of side-effects</td>
<td>5 (16.1)</td>
<td>3.2-29.1</td>
</tr>
<tr>
<td>Opposition from husbands or relatives</td>
<td>11 (35.5)</td>
<td>18.6-52.3</td>
</tr>
<tr>
<td>Preference for male child</td>
<td>17 (54.8)</td>
<td>37.3-72.4</td>
</tr>
<tr>
<td>Desire for child in future</td>
<td>12 (38.7)</td>
<td>21.6-55.9</td>
</tr>
<tr>
<td>Ignorance</td>
<td>9 (29)</td>
<td>13.1-45.0</td>
</tr>
<tr>
<td>Religion beliefs</td>
<td>7 (22.6)</td>
<td>7.9-37.3</td>
</tr>
</tbody>
</table>

*Multiple responses reported by study participants for non-usage of contraception

Table 2 showed that majority of the study participants were aware of copper-T (96.1%), oral contraceptive pills (95.6%); condoms (94.4%), tubectomy (91.7%) and vasectomy (88.3%). Only 55.0% and 60.6% of the study participants were aware of injectable contraceptives and emergency contraceptives respectively. Only few study participants were aware of Centchroman (5.6%).

Table 3 showed the most common reason for non-usage of contraceptives in the present study was preference for male child (54.8%). Desire for child in future (38.7%), opposition from husbands or relatives (35.5%), ignorance (29.0%), unsatisfactory services (25.8%) and religion beliefs (22.6%) were reported as other reasons for non-usage of contraceptives. 16.1% had fear of side-effects and 9.7% had lack of information regarding contraception.

**DISCUSSION**

In our study, the unmet need of contraception among married women in the age group of 15-49 years was 17.2%. The finding is similar with the study conducted by Srivastava DK et al in Gwalior district (21.7%), Vasudevan K et al in Pondicherry (20.5%), Raveendran R et al in South India (16.7%) and DLHS5 -2007-08 (20.5%). A study con-
ducted by Relwani NR et al in Nagpur, Ansari MW et al in Rajpur and Begum S et al in Mumbai showed higher prevalence of unmet need of contraception (22.1% to 28.9% and 40.6% respectively) as compared to present study.

The present study showed unmet need for spacing and limiting was 7.8% and 9.4% and these finding are comparable with figures of NFHS-3 of unmet need for spacing (6.2%) and limiting (6.8%).

In our study, unmet need of contraception was highest in the age group of 35-39 years (21.9%). A study conducted by Malini B et al in urban area of Tamil Nadu reported similar finding of 33% of unmet need of contraception in the age more than 35 years.

In our study, the unmet need was highest among illiterate women (63.6%) and housewives (18.8%). Similar findings were reported by Pal A et al i.e., highest unmet need in illiterate women (66.5%) and housewives (66.3%). In our study and Srivastava DK et al study showed highest unmet need among those who belonged to Muslim religion.

In our study, awareness of available contraceptives was more than 60% except injectable contraceptives (55.0%) and centchroman (5.6%). A study conducted by Sulthana B et al in an urban area of Puducherry also showed that awareness of available contraceptives was more than 60% among married women except injectable contraceptives (16.5%) and centchroman (3%).

In our study, the most common reason for non-usage of contraceptives among married women was preference for male child (54.8%) followed by desire for child in future (38.7%) and opposition by husbands or relatives (35.5%). A study conducted by Davalgi S et al in urban slums of Central Karnataka also showed that majority of married women had desire for male child (34%) as a reason for not using any type of contraception. A study conducted by Jesha MM et al in North Kerala showed fear of complications (10.6%) as most common reason for non-usage of contraception.

**CONCLUSION AND RECOMMENDATION**

The present study concluded that the unmet need of contraception is highest among married women in the age group of 35-39 years and preference for male child is most common reason for non-usage of contraceptives. Thus, family planning services should be focussed more towards this age-group of women with more emphasis on gender equality.

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**REFERENCES**


