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Unmet Needs Of Family Planning Among Urban And Rural Population Of Coimbatore District And Factors Influencing It- A Cross Sectional Analytical Study

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Abstract: The National Population policy -2000 clearly states that population growth in India continues to rise. Although the growth rate of several other developing countries is higher than that of India, it must be borne in mind that the population base of India is very large and hence a meagre growth rate shall even lead a to substantial addition to the population in absolute numbers. If the current trend keeps on going, India will overtake China in 2045 and fetch the place of the most populous nation in the world. The National Family Health Survey 3 (NFHS 3), a nationwide study to evaluate the demographic and health care indicators for India, has derived at the unmet needs for family planning for the nation to be 12.8% (6.2% for spacing and 6.6% for limiting). As per NFHS-IV TFR for India is 2.2. The NFHS-IV Survey shows 53.5% use of Contraceptives among married women (aged 15-49 years) and prevalence of modern method 47.8%. The unmet need for contraception was seen in 10.2% of the total respondents giving a total need for planning in the area as 66.6% (56.4 + 10.2) ie. contraceptive usage termed as met need and unmet need respectively. The unmet need as calculated by the study in the urban population accounts to 8.0% ,while that among the rural population tends to be 12.4% which is naturally higher.

INTRODUCTION

O "Health is Wealth" is not just a conventional saying. With the massive population of around 138 crores at present, coupled with a natural population increase of 1.7 percent in India poses a threat towards population explosion. National population policy 2000 states that, stabilizing the population is an essential and high fertility rate shall be attributed to the unmet need of contraception. The primary objective of the policy was to address the unmet need ofcontraception.

OBJECTIVES

To find out the prevalence of unmet need of family planning (Both temporary and permanent) among the urban and rural married women of age group 15-49 years, unmet need between the urban and the rural population and to study the factors influencing the unmet need for family planning.

DEFINITIONS

Contraception:'Contra' in Latin stands for against and 'ception, is for the act of conceiving or becoming pregnant. Contraception is the use of any method or system that allows sexual intercourse, yet prevents conception.

Family planning: A way of thinking and living that is adopted voluntarily, upon the basisof knowledge, attitude and responsible decisions by individual and couple, in order to the promote the health and welfare of the family group and thus contribute effectively to the social development of the country.

Unmet need: In this formulation the unmet need group includes all fecund women who are married or living in union - and thus presumed to be sexually active- who are not using any method of contraception and who either do not want to have any more children.

REVIEW OF LITERATURE

The National Family Health Survey 3 (NFHS 3), a nationmwide study to evaluate the demographic and health care indicators for India, has derived at the unmet needs for family planning for the nation to be 12.8% (6.2% for spacing and 6.6% for limiting). According to Srishti Singh et al., the unmet need for family planning among rural population (19.2%) was influenced mainly by the fear of side effects (45%) and family disapproval for usage of family planning services(12%). Malini. M. Bhattathiry et al, in their study on unmet needs for family planning at Chidambaram, states that the unmet need for family planning is highest among the age group of 25 -29 years, and it decreases as the age advances. Nationwide, the small family norm is widely accepted (the wanted fertility rate for India as a whole is 1.9: NFHS-3) and the general awareness of contraception is almost universal (98% among women and 98.6% among men: NFHS-3). As per NFHS-IV TFR for India is 2.2. The NFHS-IV Survey shows

53.5% use of Contraceptives among married women (aged 15-49 years) and prevalence of modern method 47.8%. According to NFHS-3, unmet need in India is 14.1%, indicating more than 40 million married women has unmet need of contraception. Unmet need for spacing is 6.9% andfor limiting 7.2%. Meghalaya has the highest unmet needs in India with 23.2% for limiting and 11.8% for spacing. Nagaland comes next with10% for spacing, and 16.1% for limiting. Jharkhand measures an unmet need of 23.1%, and in Delhi it is 7.8%, Uttar Pradesh has an unmet need of 21.2%, and in Tamil Nādu it is 4% for spacing and 4.5% for limiting.

MATERIAL and METHODS

Study design: A Community based Cross-sectional Analytical Study.
Study population: Urban and Rural population of Coimbatore district.
Sample size and justification: According to NFHS 3, the unmet need for family planning in India is calculated as 12.8%
From the above data, the sample size is calculated by the formula, where,

$$n \quad \boxed{n = (Z_\alpha)^2 * p * q / d^2} \quad \text{Sample size}$$

$Z\alpha$ statistic at α level of significance (1.96)
p expected prevalence (12.8)
q 100-p (87.2)
d absolute error (3%)

$$n = \frac{(1.96)^2 \times 12.8 \times 87.2}{3^2} \times 100 = 476.42 \approx 500$$

Hence, sample size rounded off to nearby 100 and calculated as 500, and equally divided among urban and rural population. A simple random sampling is used to identify the households for interview.
Place of study: Urban population (within limits of Coimbatore Corporation representing a population). Rural population (randomly selected village- Kolarpatti in Coimbatore district)
Inclusion criteria: currently married women reproductive age 15-49 years.

Exclusion criteria: Unmarried women, Widowed/separated/divorced women, Pregnant women, Women with physical illnesses/ Comorbidities, Women who do not consent for the study.
Statistical Analysis
The data collected was entered in the MS excel Windows 10. The analysis was done in SPSS 21.Categorical variables were expressed in numbers and percentages. Continuous variables were expressed in mean and standard deviation.Chi square test was used to find sssociation between categorical variables .P value <0.05 is found to be statistically significant.

RESULTS

From the above [Table 1], we calculate Met need = 56.4 %,No need = 33.4%,Unmet need = 10.2 %

Unmet need among urban and rural population:Total unmet need: 10.2%,Rural unmet need: 12.4%,Urban unmet need : 8.0
Comparison with national standards:Unmet need (study) = 10.2 %,Unmet need (India) by NFHS, 3 = 12.8%
Unmet needs for limiting and spacing:Unmet need for spacing US = 6.2%,Unmet need for Limiting UL = 4.0%
Factors influencing unmet needs:
From the above [Table 2], the unmet need is 9.8% in the age group of 20 to 25 years, and 10.9 % in the age group of 26 to 30 years. The unmet need among rural population was found to be 12.4%, and that among the urban population was found to be 8.0 %. The above table concludes that, unmet need among the Hindus is 8 %, Muslims is 9.1%, and that of Christians is 8.8 %. The unmet need is the highest with unskilled laborers with 33.3%, which is statistically higher, as compared to skilled occupation (10.3%) and semiskilled occupants (9.7%). unmet need among class III SES is 13.4 %, which is statistically different from that of SES II class, accounting for 7.7 %. The unmet need among the graduated population is 13.5 %, those with secondary school education is 7.4 %, and that with primary school education is 11.6 %.

Of the total respondents with unmet needs, 6 were using previous contraceptives, yet have certain reasons for having unmet needs now. [Table 4]

Table 1: Family planning need distribution of the study participants

	Frequency	Percent (%)
No need	167	33.4
Met need	282	56.4
Unmet need	51	10.2
Total	500	100.0

Table 2: Demograhic profile vs Unmet needs

Variables	No need	Met need	Unmet need	P value
Age				.854
20-25 years	105(34.2%)	172(56.0%)	30(9.8%)	
26-30 years	62(32.1%)	110(57.0%)	21(10.9%)	
Residence				.238
Urban	88(35.2%)	142(56.8%)	20(8.0%)	
Rural	79(31.6%)	140(56.0%)	31(12.4%)	
Religion				.438
Christian	25(41.0%)	33(54.1%)	3(4.9%)	
Hindu	116(31.6%)	211(57.5%)	40(10.9%)	
Muslim	26(36.1%)	38(52.8%)	8(11.1%)	
Occupation				.071
Semiskilled	160(34.6%)	257(55.6%)	45(9.7%)	
Skilled	6(20.7%)	20(69.0%)	3(10.3%)	
Unskilled	1(11.1%)	5(55.6%)	3(33.3%)	
SES				.063
Class 2	103(36.3%)	159(56.0%)	22(7.7%)	
Class 3	64(29.6%)	123(56.9%)	29(13.4%)	
Literacy				.292
Graduate	35(31.5%)	61(55.0%)	15(13.5%)	
Primary	62(36.0%)	90(52.3%)	20(11.6%)	
Secondary	70(32.3%)	131(60.4%)	16(7.4%)	

Table 3: parity vs unmet need

	No need	Met need	Unmet need	P value
P1L1	118(33.8%)	201(57.6%)	30(8.6%)	.381
P1L1A1	1(33.3%)	1(33.3%)	1(33.3%)	
P1L2	0(0.0%)	1(100.0%)	0(0.0%)	
P2L1	2(28.6%)	5(71.4%)	0(0.0%)	
P2L1A1	0(0.0%)	1(100.0%)	0(0.0%)	
P2L2	37(30.1%)	69(56.1%)	17(13.8%)	
P3L2	1(100.0%)	0(0.0%)	0(0.0%)	
P3L3	8(53.3%)	4(26.7%)	3(20.0%)	

Table 4: Prev Contraceptive Usage Vs Family Planning Needs

	No need	Met need	Unmet need	P value
No	155(33.1%)	268(57.3%)	45(9.6%)	.166
Yes	12(37.5%)	14(43.8%)	6(18.8%)	

Table 5: Spouse Occupation Vs Family Planning Needs

	No need	Met need	Unmet need	P value
Semiskilled	156(32.9%)	272(57.4%)	46(9.7%)	.112
Skilled	8(47.1%)	7(41.2%)	2(11.8%)	
Unskilled	3(33.3%)	3(33.3%)	3(33.3%)	

Table 6: Spouse Literacy Vs Family Planning Need

	No need	Met need	Unmet need	P value
Graduate	49(31.8%)	88(57.1%)	17(11.0%)	.325
HS	1(25.0%)	2(50.0%)	1(25.0%)	
Primary	8(30.8%)	12(46.2%)	6(23.1%)	
Secondary	109(34.5%)	180(57.0%)	27(8.5%)	
Joint family	119(34.5%)	192(55.7%)	34(9.9%)	.727
Nuclear family	48(31.0%)	90(58.1%)	17(11.0%)	

Table 7: Awareness Vs Needs

	No need	Met need	Unmet need	P value
Fair	5(31.3%)	8(50.0%)	3(18.8%)	.515
Good	12(33.5%)	274(56.6%)	48(9.9%)	

Table 8: Accessibility Vs Needs

	No need	Met need	Unmet need	P value
Fair	1(12.5%)	6(75.0%)	1(12.5%)	.448
Good	166(33.7%)	276(56.1%)	50(10.2%)	

Table 9: Sastisfaction with Contraception

	No need	Met need	Unmet need	P value
No	167(73.9%)	7(3.2%)	51(23.0%)	.000*
Yes	0(0%)	275(98.9%)	0(0.0%)	

Table 10: Contraceptive Prevalence

	No need	Met need	Unmet need	P value
Antara	0(0.0%)	2(100.0%)	0(0.0%)	.000*
Barrier	0(0.0%)	64(95.5%)	2(3.0%)	
CuT	0(0.0%)	117(100.0%)	0(0.0%)	
Injectable	0(0.0%)	24(92.3%)	0(0.0%)	
Nil	164(75.6%)	5(2.3%)	48(22.1%)	
OCP	0(0.0%)	70(98.6%)	1(1.4%)	

Table 11: Lack of Awareness and Approach vs Unmet Need

	Lack of awareness	Lack of approach
Unmet need	Nil	Nil
	51(100.0%)	51(100.0%)

Table 12: Spouse Refusal Vs Unmet Needs

	Spouse refusal	
Unmet need	No	Yes
	29(56.9%)	22(43.1%)

Table 13: Family Refusal Vs Unmet Need

	Family refusal	
Unmet need	No	Yes
	30(58.8%)	21(41.2%)

Table 14: Previous Untoward Events Vs Unmet Need

	Previous untoward events	
Unmet need	No	Yes
	46(90.2%)	5(9.8%)

The [Table 5] signifies an increased unmet need among the semiskilled workers.

Among the respondents with unmet needs, 34 respondents (66%) were in a joint family, and 17 (34%) respondents had a nuclear family. [Table 6]

Even among the ones with met needs, 3.2 % were not satisfied with the currently adopted family planning method, yet using them. [Table 9]

The contraceptive prevalence rate of the study population is 56%. [Table 10]

None of the respondents with unmet need had a lack of awareness or approach towards family planning services. [Table 11]

Of the 51 respondents with unmet needs, 43.1% had spouse refusal as the reason for not using contraception. [Table 12]

Of the 51 respondents with unmet needs, 41.2 % had family refusal as the reason for non-usage of contraception. [Table 13]

Of the respondents with unmet needs, 9.8 % had untoward events with previous usage of one or the other contraceptive methods, which was stated as the reason for non-usage of contraception. [Table 14]

DISCUSSION

The contraceptive prevalence rate in India is 53.5 % (2015—2016). In Tamil Nādu 53% of currently married women were using somemethod of contraception as per NFHS 4. In this study, the current use of contraceptive is seen in 56% of the respondents which is higher than the state average in 2015-2016. Among the contraceptive users, it is found that majority were towards IUCD (41.8%), and OCP is next used (25.3%), comparable with Barrier method (23.5%), and the least used being Injectable contraceptives (9.2%). This matches with the highest used method as per NFHS-3. [1,2] The reason for lesser usage of injectable contraceptives has to be further investigated, yet shall be attributed to unexplained fear of having an injection given every 3 months, and a fear that they may not regain fertility. The unmet need as calculated by the study in the urban population accounts to 8.0%, while that among the rural population tends to be 12.4 %, which is naturally higher. The overall awareness for any contraceptive is 99 % among the respondents.[3] There is no significant difference between the contraceptive users and non users with the knowledge status. K.Bhasin et al, found an awareness of 94.4% in East- Delhi and significant difference among contraceptive users and non-users. This reflects that, lack of knowledge is not a factor in influencing unmet need in the current scenario Many studies indicate that lack of sufficient knowledge contributes to more than two-third of all unmet need. But in this study, we find that lack of knowledge is almost nil, while 68% have an unexplained fear ofhealth reasons.[4] Lack of choice as a reason is also noted, the reason for which have to be identified. Opposition from husband is also found to be a reason for unmet need. This shows the influence of husbands in decision making regarding the fertility of their wives, which is more in the rural population than the urban population, although it plays a role in both the study groups. It is noted that 22 had spouse refusal, 21 respondents had family refusal alone, and another 15 said opposition from husband and families together as a reason for their unmet need. Ram et al noted in Kolkata that 12% of women had suggested the reasons for unmet need to be opposition from husband and family members. Education was not a barrier in understanding and usage of contraceptives as against expected.[5] This shall be attributed to the fact that, an increasing knowledge towards social media and internet among the literates and the employed population makes them exposed to all material available in media, and in the same way, misconceptions that are spread in social media regarding contraceptives pre-occupy their minds regarding use of contraceptives. These population are also reluctant to accept family planning methods even after a preliminary attempt of health education.[6]

CONCLUSION

The unmet need for contraception was seen in 10.2% of the total respondents giving a total need for planning in the area as 66.6%

(56.4 + 10.2) ie. contraceptive usage termed as met need and unmet need respectively. This study concludes with the following recommendations, Women who are post partum, breast feeding, or approaching menopause need counselling on their likelihood of becoming pregnant and on the family planning methods that might be appropriate for them, need correct information on contraceptive methods, to improve interpersonal relations between clients and providers and periodic follow-up of clients.

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