

Study of Unmet Need for Family Planning In Immunisation Clinic of A Teaching Hospital at Patiala, India

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Abstract

Background: Meeting unmet need for contraception is one of the components of Reproductive and child health (RCH) programmes .In 1994, at the International Conference on Population and Development (ICPD) held in Cairo, the international community set the goal of ensuring universal access to reproductive health care by 2015.

Methods: A cross sectional study was conducted in the Immunization Clinic, Government Rajindra Hospital, Patiala (Punjab) among 1000 married women of reproductive age group to find the extent of unmet need and factors affecting it. **Results:** 16% of women of reproductive age had unmet need. The overall unmet need was low at the beginning of reproductive age, but it increased and reached a peak in late twenties and then declined. Maximum unmet need was after the birth of one (19.93%) child; more in illiterate women (23.26%), in females belonging to joint family (18.49%) and in the rural areas (19.02%). **Conclusion:** Unmet need is higher in more fertile age group; therefore family planning programme should focus this age group, target illiterate people, and rural areas.

INTRODUCTION

The question “Why some women, who want to control their fertility, are not using contraception in spite of their real intention?” is the core stone of the present article. Unmet need is a concept which points to a gap between women's reproductive intentions and contraceptive behaviour (1).

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 or want to post-pone their next birth for at least two more years. The unmet need group also includes all pregnant married women whose pregnancies are unwanted or mistimed and who became pregnant because they were not using contraception. Similarly, women who have recently given birth but are not at risk of becoming pregnant because they were amenorrheic postpartum are considered to have an unmet need if their pregnancies were unintended (2). Family planning is one of the fundamental pillars of safe motherhood and a reproductive right. More than 100 million women in less developed countries or about 17% of all married women would prefer to avoid a pregnancy but are not using any form of family planning (3). More than one-fourth of the

births world-wide are unplanned (4).

Keeping all these aspects in view, the present study was undertaken, so as to find the extent of unmet need, and to identify factors influencing the unmet need.

MATERIAL AND METHODS

This cross sectional study was undertaken in the immunization clinic, run by the Department Of Community Medicine, Government Medical College, Patiala among the mothers of reproductive age group who were attending the immunisation clinic with their children for vaccination. The study continued for about ten months in the year 2005 .On an average 30-40 new cases attend the immunisation clinic every day. Every tenth woman attending the immunization clinic was included for the study purposes and in all 1000 married women of reproductive age group were interviewed to screen out the unmet need group using standard formulation of unmet need for family planning (2). A detailed, precoded, pre-tested, structured, closed questionnaire was used to collect the data after informed consent was obtained. By interviewing the women of the unmet need group; information was collected about different demographic factors. Data analysis was done using Epi Info.

RESULTS

Figure 1

Table 1. Background characteristics of the study population (n=1000)

Background characteristics	
Age Distribution (In years)	Percent
<20	10.8
21-25	37.3
26-30	36.4
31-35	9.1
36-40	5.6
>40	0.8
Number (No.) of Children	
1	28.1
2	48.4
3	22.3
4	1.2
Mother's education	
Illiterate	9.9
Literate--	
< matric	53.1
- Intermediate	10.7
- Graduates and above	26.3
Area	
Rural	49.4
Urban	50.6

Maximum number of women (>50%) were in the age group 21-30 years, which is the most active period and most important for child bearing. Most (48.4%) women were of parity 2. More than 50% (53.1%) were literates < matric followed by graduates and above (26.3%) and minimum were the illiterates (9.9%).

No. of women who fulfilled the criteria of standard formulation of unmet need were 160, which revealed that 16% of women of reproductive age had unmet need.

Figure 2

Table 2. Proportion of respondents with unmet need stratified by biosocial characteristics

Characteristics	No.	Percent
Age (in yrs)		
<20	11	10.18
21-25	60	16.08
26-30	77	21.15
>30	12	13.19
No. of Children		
1	56	19.93
2	71	14.67
3	32	14.35
4	1	8.33
Women's education		
Illiterate	26	23.26
Literate		
- ≤ matric	89	16.76
- intermediate	14	13.08
- Graduates and above	31	11.78
Husband's Education		
Illiterate	12	29.27
Literates		
< matric	62	23.22
Intermediate	43	23.62
Graduates and above	43	8.43
Type of Family		
Joint	96	18.49
Nuclear	64	13.30
Residence		
Rural	94	19.02
Urban	66	13.04

The overall unmet need was low (10.18% in under 20 yrs age group) at the beginning of reproductive age, but it increased and reached a peak in late twenties (26-30 yrs) (21.15%) and then declined. Maximum unmet need was after the birth of one (19.93%) child. Unmet need was highest for illiterate women (23.26%) and it decreased to 16.76% in case of literates 0.05). Results were similar to study done in Vietnam in 1997, where unmet need was highest (34%) after the birth of first child (11).

Unmet need varies inversely with the education of women. This may be because educated women are better informed about various methods, availability and have greater access to family planning. Klijzing observed the similar results, where the less educated respondents were having the highest level of unmet need (12). Khokhar also observed similar results in a study done in Delhi (13).

Unmet need was higher (29.27%) where husbands were illiterate as compared to the literate ones. The above results were found to be statistically significant (p Value <0.001). Similar results were observed in a study done by Thiagarjana and Adhikari in U.P. where the education level of husband positively affected contraceptive use (14).

Unmet need was more (18.49%) for females belonging to joint family than the nuclear family (13.30%). Similar results were observed by Devi et al in a study done in UP where unmet need was higher in joint families (10). This may be because nuclear families lack relatives in the home to help with child care and they tend to have more privacy in discussing about using family planning.

Unmet need was more in rural area (19.02%) than the urban area (13.04%). This could be because women in rural area have limited availability, accessibility and acceptability to contraceptives. Similar results were observed by Thiagarjana and Adhikari in a study done in UP where unmet need was found to be more in rural women than urban women (14). Devi et al, Barkat-e-khuda et al, Harel K also observed that the extent of unmet need was found to be higher in rural than urban area (10, 15, 16).

CONCLUSION

Unmet need is higher in more fertile age group, therefore family planning programme should address women with unmet need focusing this age group so as to increase contraceptive use and decrease unmet need. Strategies have to be devised to reach the large segment of the rural community with family planning information and services. Women's education exert a powerful influence on unmet need. Improving women's access to education and encouraging continuous and constant exposure would significantly increase use of family planning and reduce unmet need. Also, family planning programmes should target illiterate women in order to inform them about birth control measures.

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