Original article:

Unmet needs for family planning in urban slums of Trivandrum corporation area - A cross sectional study

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Abstract

Background and Rationale

Millions of women worldwide who are sexually active, who would prefer to avoid becoming pregnant, but are not using any contraception, these women are considered to have an "unmet need" for Family Planning. The concept of "unmet need" points to the gap between some women's reproductive intensions and their contraceptive behaviour[1]. In doing so it poses a challenge to family planning programmes, to reach and serve these millions of women. The World Fertility Survey of 1971-1984 first reported extensively on unmet need for family planning[2]. According to NFHS-III survey 2005-2006, the unmet need for Family Planning is 13% in India and 9% for Kerala. But no data is available on unmet need for Family Planning in slums. This study is being carried out to find the prevalence of unmet need for Family Planning among married women in urban slums of Thiruvananthapuram Corporation.

Objective

1.To estimate the prevalence of unmet need for Family Planning among married women of reproductive age residing at urban slums in Thiruvananthpauram Corporation.

2.To find out the determinants of unmet need for Family Planning in the study population.

Methods

The study is a community based cross sectional study among married women of reproductive age group of 15-45 years residing in urban slums of Thiruvananthapuram Corporation. The sample size was fixed as 1000 after conducting a pilot study. Cluster sampling method was adopted. Unmarried, separated, divorced and widows were excluded.

Results

The prevalence of unmet need for Family Planning in slums was 17%, which was higher than that of general population of 9% (NFHS-III survey 2005-2006). The unmet need was higher for spacing (10.8%) than for limiting (6.2%).The unmet need was found to be higher in the age group of 15-29 years. Higher education, extended family, poor knowledge of Family Planning, poor informed choice in Family Planning and poor male participation were found to be associated with high unmet need for Family Planning ($P<0.05$).

Conclusion

Unmet need for Family Planning is more in slums than in the general population. Younger age groups have to be targeted and proper knowledge regarding Family Planning be imparted. Health professionals should be trained to provide informed choice in Family Planning and male participation should be encouraged.

Key Words: Unmet need, Family Planning, informed choice, male participation.

Introduction

The concept of "unmet need" for Family Planning points to the gap between some women's reproductive intentions and their contraceptive behaviour. Unmet need is defined on the basis of women's reponse to survey questions – women who respond that they want to postpone or avoid child bearing, but are not using any contraception are defined as having an unmet need. According to findings from surveys and in-depth studies[3], the reasons for unmet need for Family Planning are

-Difficulty in access to methods and quality of Family Planning services.

-Health concerns about contraceptives and side effects.

-Lack of information.

-Opposition from husbands, families and communities.

-Little perceived risk of pregnancy.

Men's participation is a promising strategy for addressing some of the world's most pressing reproductive health problems.

India

In India, a nation wide Family Planning programme was launched in 1952. Efforts were made to improve coverage and extend services to rural areas. But progress was slow due to resource and man power constraints. The rapid growth of population as reported in the 1961 census prompted the Government to form a Department of Family Planning. But the health infrastructure was predominantly urban based and sterilization remained the focus of National Family Planning programme. The 1971 census showed that population explosion was a major problem to be tackled. In 1976 the Ist National Population Policy was framed. In 2000 a more detailed and comprehensive National Population Policy was formulated, the intermediate objective of which was to meet all the unmet need for contraception. The NFHS-3 survey 2005-2006 showed an unmet need of 13% for India and 9% for Kerala. But no data was available on unmet need of women in slums. The present study aims to assess the prevalence of unmet need for Family Planning among women in slums and to find out the determinants of unmet need.

Materials & Methods

The study was conducted in urban slums of Thiruvananthapuram Corporation area. The list of slums was obtained from the Thiruvananthapuram Corporation office. A pilot study was conducted in an urban slum and the prevalence of unmet need for Family Planning among married women of reproductive age group in the slum was found to be 20%. The sample size was calculated using the formulas 4PQ/l2 and after allowing a design effect of 2, the sample size was fixed as 1000. Cluster sampling technique was adopted. Each slum was considered as a cluster and 10 clusters were taken. The clusters were chosen using probability proportionate to size sampling. From each cluster 100 married women in reproductive age group were interviewed using a pre-tested structured questionnaire. Age, religion, educational status of husband and wife, occupation of husband and wife, family income, type of family, unmet need for Family Planning, knowledge of Family Planning, informed choice regarding Family Planning and male participation in Family Planning were assessed. "Unmet need" was defined as – "currently married women, who are not using any method of contraception, but who do not want any more children or want to wait for 2 more years before having a child". Questionnaires were developed to assess knowledge regarding contraceptive use, role of health professionals in providing an "informed choice" and "male participation" in Family Planning.

Results

The prevalence of unmet need for Family Planning in slums was found to be 17%. According to DFHS-III survey the unmet need for Family Planning was 13% for India and 9% for Kerala. An unmet need of 17% in urban slums in Thiruvananthapuram Corporation is higher than that of general population

Table – 1
Prevalence of unmet need for Family Planning among study population

Unmet need for FP	Frequency	Percentage
Yes	170	17.0
No	830	83.0
Total	**1000**	**100**

Table – 2
Distribution of type of unmet need for Family Planning among study population

Type of unmet need for FP	Frequency	Percentage
Spacing	108	10.8
Limiting	62	6.2
Total	**170**	**17.0**

The unmet need was higher for spacing of birth (10.8%) than for limiting birth (6.2%). According to NFHS-III survey, in Kerala the unmet need for spacing is 7% and limiting birth is 5%.

Table – 3
Determinants of unmet need for Family Planning n=1000

Sl.No.	Variables	Unmet need		Chi-square	P-value
		Yes	No		
1.	Religion Hindus Muslims Christian	 111(65.30) 48(28.2) 11(6.5)	 575(69.3) 178(21.4) 77(9.3)	4.467	>0.05
2.	Education of study population ≤ SSLC > SSLC	 134(78.8) 36(21.2)	 742(89.4) 88(10.6%)	14.524	<0.001
3.	Education of Husbands ≤ SSLC > SSLC	 146(85.9) 24(14.1)	 794(95.7) 36(4.3)	23.93	<0.001
4.	Occupation of Husband Unskilled Others	 134(78.8) 36(21.2)	 707(85.2) 123(14.8)	4.264	<0.05
5.	Type of family Nuclear Joint Extended	 73(42.9) 57(33.5) 40(23.5)	 451(54.3) 281(33.9) 98(11.8)	17.55	<0.001
6.	Contraceptive knowledge Poor Moderate Good	 146(85.9) 22(12.9) 2(1.2)	 528(63.6) 276(33.3) 26(3.1)	31.844	<0.001
7.	Access to nearby Health centers Yes No	 151(88.8) 19(11.2)	 760(91.6) 70(8.4)	1.301	>0.05
8.	Advise regarding Family Planning Yes No	 142(83.5) 28(16.5)	 685(82.5) 145(17.5)	0.098	>0.05
9.	Informed choice regarding Family Planning Poor Good	 168(98.8) 2(1.2)	 787 (94.8) 43(5.2)	5.264	<0.05
10.	Male participation in FP Poor Good	 107(62.9) 63(37.1)	 237(28.6) 593(71.4)	73.935	<0.001

Discussions

Among the study population, the prevalence of unmet need for Family Planning was found to be 17%. According to NFHS-III survey, the unmet need for Family Planning was 13% for India and 9% for Kerala. An unmet need of 17% in urban slums in Thiruvananthapuram Corporation is higher than that of general population. A study on assessment of unmet need for Family Planning in urban slums of Delhi by A. Puri, S.Garg, M.Mehta showed that 49.8% of women had an unmet need for Family Planning.

The unmet need was higher for spacing of births (10.8%) than for limiting (6.2%). According to NFHS-III survey, in Kerala the unmet need for spacing is 6% and limiting 3%.

In this study a strong association was obtained between education and unmet need for Family Planning. Among those with higher education, unmet need was found to be higher. NFHS-III survey also support these findings.

A statistically significant association was found between type of family and unmet need. Unmet need was higher in extended families, and this may be due to the fact that child rearing may not be a problem here as in nuclear families.

Unmet need was found to be higher among those with poor contraceptive knowledge. Bongaarts and Bruce have estimated from DHS data for 12 countries that lack of sufficient knowledge about reproduction and contraception may contribute more than two-thirds of all unmet need.

A statistically significant association was found between informed choice regarding Family Planning and unmet need. There was more acceptance of Family Planning methods among those with good informed choice regarding Family Planning, and so less unmet need.

In this study it was seen that better male participation in Family Planning can lead to lesser unmet need for Family Planning. This association was statistically significant. In a study conducted in Uttar Pradesh, 87% of women with unmet need said that the final decision to use contraception ultimately rests with the husband[4]. A study on fertility decisions made by five generation of one South Indian family found that men tend to control contraceptive use and to make fertility decisions[5].

There was no association between unmet need and other factors like religion, per capital income, access to nearby health centers, advise regarding Family Planning and history of previous contraceptive use.

Conclusion

The unmet need for Family Planning was higher in slums than in general population and it was found to be more for spacing than for limiting births. Family Planning Programme have to give more emphasis to underserved population like slums and temporary methods of contraception have to be promoted. Health professionals especially field staff should be trained to provide an informed choice to couples and also sufficient knowledge should be imparted regarding reproduction and contraception. Male participation in Family Planning has to be improved and Family Planning Programme should involve husbands also in Family Planning counseling and encourage couples to discuss and take decisions acceptable to both.

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