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A Study on Contraceptive Utilization and Unmet Contraceptive Needs Among Reproductive-Age Married Women

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Abstract

Background:
Unmet need for family planning means a woman wants to avoid or delay having children but is not using any birth control. In India, about 31 million married women face this problem, especially younger women who want to space their pregnancies.

Objective:
To find out how common the unmet need for family planning is and what social and personal factors affect it among married women in Udaipur.

Methods:
A hospital-based study was done in the gynaecology and medicine departments at AIIMS Bedwas, Udaipur. It included women aged 15 to 45 years.

Results:

39.76% of women had an unmet need for contraception. Among them, 36.36% needed it for spacing between children, while 63.63% wanted to stop having more children. The most common reason (54.54%) was lack of knowledge.

Conclusions:
The unmet need for family planning in this study area was higher than usual. Factors like age, education, and access to health services affected family planning needs. So, there is a need to improve awareness and access to family planning services through better health education and communication

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Introduction

Unmet need for family planning means a situation where a woman or a couple wants to avoid or delay having children but is not using any method of birth control. Around the world, the number of women with unmet needs for family planning is expected to rise only slightly—from 142 million in 2015 to 143 million in 2030[1-3]. This small increase is because more women are getting married or living with partners, which increases the demand for family planning. Although more women are using contraception now than before, there are still many who need it but don't have access to it, especially married women or those in relationships[4-5]. This shows that better plans and policies are needed to help these women.

Unmet need shows the gap between the desire to avoid pregnancy and the actual use of contraception. It is usually measured as the percentage of married or partnered women of reproductive age who want to avoid pregnancy but are not using any method of contraception. Even though more women are using contraceptives around the world, many still don't get the help they need.

India has the highest number of married women with an unmet need for family planning—about 31 million. While most women (around 86%) who want to stop having children have their needs met, only about 30% of women who want to wait or space out their pregnancies get the help they need[5-6]. That is why younger women often report a higher unmet need for contraception.

Understanding how big this problem is and what factors affect it can help improve the health of women and children. It can also help in solving some of the social and economic problems in the country. However, very few community-based studies have looked into the unmet need for family planning in urban areas of Dehradun[7-8]. That is why our study aims to find out how common the unmet need is and what social and personal factors are linked to it among married women of reproductive age in Dehradun.

MATERIALS

Study Overview:

This study was done in the Outpatient departments (OPDs) of RHTC and UHTC from department of community medicine at SGRRIM&HS, Dehradun. It focused on women aged 15 to 45 years who were admitted to the hospital.

Study Type:

It was a hospital-based cross-sectional study, which means data was collected at one point in time from patients in the RHTC & UHTC.

Location:

The study took place at SGRRIM&HS, Dehradun

Participants:

Women aged 15 to 45 years (reproductive age).

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Study Period:
The study was conducted from June 2021 ro September 2021.

Sample Size and Method:
A total of 320 women were included in the study. This number was calculated based on an earlier estimate that 30.5% of women have an unmet need for family planning. A standard formula was used to calculate this sample size, using a confidence level of 99% and 10% precision. Using formula $n=z^2PQ/l^2$ where p= 30%; q = 1-p; relative precision 15% We considered 320 sample size (N)

Data Analysis:
Data were analysed using the software SPSS version 25.

Inclusion criteria:

- Married women aged 15–45
- Women not using any contraceptives
- Women who didn't want more children
- Women who wanted to wait at least 2 years before having another child

Exclusion criteria:

- Men
- Women younger than 15 or older than 45
- Unmarried, divorced, or widowed women
- Pregnant women who became pregnant even after using contraceptives

Data Collected:

Random sampling was used. Face-to-face interviews were done with women from RHTC & UHTC. A trained female nurse was present during the interview. A pre-designed questionnaire was used to collect information about: Age, education, job, income, age at marriage, and family size, Use or non-use of contraceptives and reasons, whether they were pregnant or not, Knowledge of different contraceptive methods and side effects

Data Analysis Technique:
The Chi-square test was used to find out if there is a connection between different factors. If the p-value is 0.05 or less is considered as significant

Results:

Figure 1 shows that 39.76% of women had an unmet need for contraception. Among them, 36.36% needed it for spacing between children, while 63.63% wanted to stop having more children.

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Table 1 shows the factors linked to unmet need for family planning. Our study found that older age, not being educated, having the first child at an early age, having more children, and lack of knowledge about contraceptives were all related to higher unmet need.

Table 2 shows the reasons why women did not use family planning methods. The most common reason (54.54%) was lack of knowledge. Other reasons included fear of side effects (24.24%), high cost (15.15%), and opposition from husbands (6.06%).

Figure 1: Prevalence & Distribution of unmet need of family planning

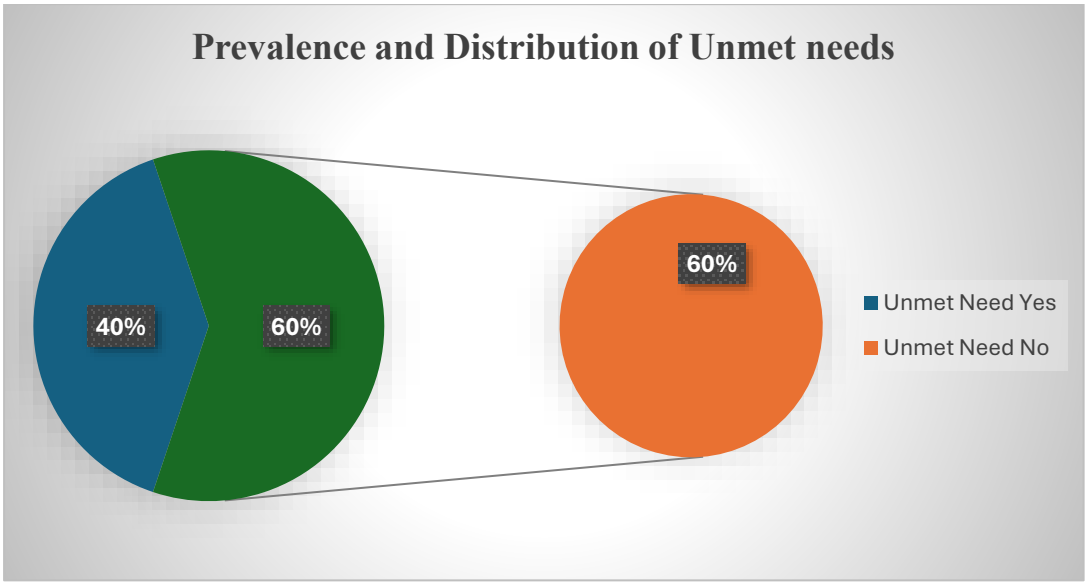

TABLE 1: Determinants of unmet need for family planning

Variable	Unmet need		P value
	Yes	No	
Age-Group			
<25	7	47	.000049
26 -35	59	111	
>35	61	35	
Education			
Illiterate	11	03	.0273
<Class 12	98	138	
>Class 12	19	51	

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Age at first child birth			
>20	39	19	.00001
20 - 24	51	110	
25 - 29	17	65	
30 - 39	18	1	
No. of children			
<2	51	118	.0093
>2	78	73	
Contraceptive knowledge			
Poor	11	4	.0368
Good	119	186	

TABLE 2: Reasons for unmet need of family planning

Reasons	No. (%)
Fears of side effects	16 (24.24%)
Opposition from family	0
Lack of knowledge	36 (54.54%)
Costly	10 (15.15%)
Opposition from husband	4 (6.06%)
Mis-timed pregnancy	0
Unwanted birth	0
Mis-timed birth	0
Any other	0

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Discussion:

This hospital-based study was done among married women of reproductive age who come to OPD at RHTC and UHTC of SGRRIM&HS Dehradun. The purpose was to find out how many women had an unmet need for family planning (FP) and what factors were linked to it.

Out of 166 women interviewed, 66 (39.76%) had an unmet need for family planning — 14.45% for spacing births and 25.30% for limiting births. The remaining 100 women (60.24%) had no unmet need. Women who had better knowledge about family planning methods were less likely to have unmet needs.

These results are similar to a study by Malini M. Bhattathiry and Narayanan Ethirajan, where 700 married women were interviewed[9-10]. In that study, 276 women (39%) had an unmet need — 12% for spacing and 27% for limiting — while 424 women (61%) had no unmet need. Again, women with better knowledge about family planning had lower unmet needs.

Another study by Girma Garo M. and colleagues (2021) in Bishoftu town, Eastern Ethiopia, found a 26% prevalence of unmet need for family planning among 828 married women[11-12].

According to the NFHS-4 survey, the unmet need for family planning in India was 13%, and 8.9% in Tamil Nadu. Other studies also showed varying results — 49.8% in Karnataka (Lekshmi et al.), 9.1% in Ambala (Nazir et al.), and 39% in Tamil Nadu (Malini et al.)[13-14]. These differences show that the level of unmet need for family planning can vary widely from one state to another.

Conclusion:

The unmet need for family planning in our study area was higher than the national average and other standard levels. The main reasons were related to social and demographic factors, education, and issues with health services. To improve family planning use, more attention should be given to health education and encouraging positive behavior change through better communication.

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