

**Original article:**

**A Comparative study on unmet need for contraception among married women of reproductive age in urban slums of Guwahati and rural area of Rani Block, Kamrup, Assam**

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**Abstract**

**Background:** Unmet need for family planning signifies the gap between the reproductive intention of couples and their actual contraceptive behavior. The National Family Health Surveys carried out in India in 1992-93, 1998-99 and 2005-2006 have revealed that for a sizeable proportion of the population in the reproductive age group, the need for contraceptive services are not met with despite the existence of a National Policy on family planning since 1983. This study was carried out to assess the extent of unmet need for family planning, among married women of reproductive age group of eligible couples in urban slums of Guwahati city and rural area of Rani Development Block and identify the various factors effecting it.

**Study design -** Community based cross sectional study.

**Setting:** Urban slums of Guwahati city and rural area of Rani Development Block.

**Participants:** 130 married women in the age group of 15-45 years, each in urban slums of Guwahati and the rural area of Rani Development Block respectively.

**Exclusion criteria:** Unmarried women, separated/divorced women, widow, pregnant due to contraceptive failure.

**Study variables:** Age, education, occupation, religion, parity.

**Statistical Analysis:** Chi square test.

**Results:** The extent of unmet among married women of reproductive age group (15-45 years) in urban slums was 79.3% whereas in rural area, it was 24.7%.

**Key words:** Unmet need; family planning, Urban slums of Guwahati, and rural area of Rani Development Block.

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**Introduction:**

Millions of women Worldwide would prefer to avoid becoming pregnant within right away or never pregnant, but and not using any contraception. These women are said to have an 'unmet need' for family planning. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behaviour. 'Unmet need' refers to the number or percentage of women currently

married who are fecund and who desire to either terminate or postponed childbearing, but who are not currently using a contraceptive method. The NFHS -3 survey (2005-2006) indicated that the unmet need for family planning in India was 12.8% with 6.2% for spacing and 6.6% for limiting and that for Assam was 10.6%. This underlined the need for a comprehensive study of unmet need in the state in order to develop an

appropriate and locally relevant strategy to overcome the problem of unmet need.

**Aims and objectives:**

- 1) To study the extent of unmet need among married women of reproductive age group.
- 2) To identify the biosocial and other factors affecting unmet need.

**Material and methods:**

The present study was Community based cross sectional study which was carried out on married women of reproductive age group (15-45) years in urban slums of Guwahati City and rural area of Rani Development block for a period of one year from August 2011 to July 2012. The acceptability of contraceptive method by married women of reproductive age group in Assam is found to be 43.33% (NFHS-III, 2005-06). Considering the permissible error at 20% the required sample size for the present study is calculated as-

$$N = \frac{4pq}{L^2}$$

Where N= sample size for each study area

P= 43.3%, q= (100-p) % = 56.7%

L= 20% of 43.3= 8.66

∴ N= 130

The town and the country planning Department, Govt. of Assam have identified 26 slums in Guwahati City. Out of these, 10 slums are selected by using simple random sampling random technique and from each slum, 13 respondents are selected by house to house visit to get the required sample size. Again, out of the 96 villages in Rani Block, 10 villages are selected by simple random sampling technique and then from each village, 13 respondents are selected by house to house visit to get the required sample size. As this is a comparative study between rural and urban slum population, the total respondents comes to be 260.

Table 1: showing the distribution of unmet need contraceptive methods among non-practicing married women of eligible couple.

Non practicing married women of eligible couples			
	Unmet need		Total
	Yes	No.	
Urban	19 (20.7)	73 (79.3)	92(100)
Rural	23(24.7)	70 (75.3)	93(100)

Table 2: Distribution of the wives according to age and unmet need

Urban			Rural		
Age of wives (in years)	Non-practicing (n)	Unmet need (Proportion)	Age of wives (in years)	Non-practicing (n)	Unmet need (Proportion)
15-19	7	1(14.3%)	15-19	11	3 (27.3%)
20-24	20	4 (20%)	20-24	28	7(25%)
25-29	27	6 (22.2%)	25-29	29	7(24.1%)
30-34	24	5 (20.8%)	30-34	17	4(23.5%)
35-39	8	2(25%)	35-39	7	2 (28.6%)
40-44	6	1 (16.7%)	40-44	1	0 (0%)

**Significant:-** There is association between unmet need and age of women in urban & rural area. The proportion of women having unmet need both in urban & rural have significant differences. (P<0.01).

Table 3. Distribution of the wives according to their literacy status and unmet need

Urban			Rural		
Literacy status	Non-practicing (n)	Unmet need (%)	Literacy status	Non-practicing (n)	Unmet need (%)
Illiterate	70	14 (20%)	Illiterate	17	4 (23.5%)
Just literate	15	3 (20%)	Just literate	10	2 (20%)
Primary School	4	1 (25%)	Primary School	3	1 (33.3%)
Middle School	5	1 (20%)	Middle School	4	1 (25%)
High School	9	2 (22.2%)	High School	-	-
HSLC	-	-	HSLC	4	1 (25%)
HS	-	-	HS	6	2 (33.3%)
Graduation and above	-	-	Graduation and above	-	-

Table 4. Literacy- wise distribution of wives of eligible couples in relation to reasons of unmet need.

Reasons of unmet need	Literacy Status															
	Illiterate		Just literate		Primary School		Middle School		High School		HSLC		Graduate		Total	
	U	R	U	R	U	R	U	R	U	R	U	R	U	R	U	R
Inconvenient		1 (7.7)														1 (4.3)
Unsatisfactory Service																
Lack of information	6 (46.2)	5 (38.5)		3 (50)											6 (31.6)	8 (34.8)
Health concerns side effects	4 (30.8)	3 (23.1)	1 (33.3)	1 (16.7)	1 (50)	2 (66.7)	1 (100)	1 (100)							7 (36.8)	7 (30.4)
Opposition from husbands families and communities	2 (15.4)	2 (15.4)	1 (33.3)	1 (16.7)	1 (50)	1 (33.3)									4 (21.1)	4 (17.4)
Uncertainty about child bearing	1 (7.7)	2 (15.4)	1 (33.3)	1 (16.7)											2 (10.5)	3 (13.0)
Total	13 (100)	13 (100)	3 (100)	6 (100)	2 (100)	3 (100)	1 (100)	1 (100)							19 (100)	23 (100)

N.B.: Column wise percentage is shown below in parenthesis.

Table 5: Distribution of the wives according to occupation and unmet need.

Urban			Rural		
Occupation	Non-Practicing (n)	Unmet need	Occupation	Non-Practicing (n)	Unmet need (%)
Household work	70	14 (20%)	Household work	70	17 (24.3%)
Daily wage	12	3 (25%)	Daily wage	5	3 (20%)
Part time work	9	2(22.2%)	Part time work	8	2(25%)
Service	1	0(%)	Service	1	0(%)
Business	-	-	Business	9	3 (33.3%)

Table 6: Distribution of the eligible couples according to religion and unmet need.

Urban			Rural		
Religion	Non-Practicing (n)	Unmet need	Religion	Non-Practicing (n)	Unmet need (%)
Hindu	43	9 (20.9%)	Hindu	72	18 (25%)
Muslim	42	9 (21.4%)	Muslim	11	3 (27.3%)
Sikh	7	1(14.3%)	Sikh	-	-
Christian	-	-	Christian	10	2 (20 %)

Table 7: Distribution of the eligible couples according to number of living children and unmet need.

Urban			Rural		
No. of living children	Non-Practicing (n)	Unmet need	No. of living children	Non-Practicing (n)	Unmet need (%)
0	10	2 (20%)	0	8	2 (25%)
1-2	37	8 (21.6%)	1-2	63	16 (25.4%)
3-4	36	7 (19.4%)	3-4	22	5 (22.7)
5 and above	9	2 (22.2%)	5 and above	-	-

**Results:**

A total of 130 married women in the reproductive age group of 15-45 years, each in urban slums of Guwahati and rural area of Rani Development Block respectively. Table 1 shows in urban slums, out of the 92 non- practicing married women of eligible couples, 19 (20.7%) have unmet need for

contraception and in rural area, out of 93 non practicing married women, 23 (24.7%) have unmet need for contraception. The difference of unmet need of contraceptive methods among non-practicing married women of eligible couple in urban slums and rural area is insignificant (P>0.05). Table 2 shows that in urban slums,

majority is 6 (22.2%) of married women having unmet need were in the age group 25-29 years whereas in rural area, majority is (7) of married women with unmet need were in the age group 20-29 years. Table 3 reveals that in urban slums, among the married women having unmet need, majority is 14 (20%) were illiterate and in rural area, among the married women with unmet need, majority is 4 (23.5%) were also illiterate.

Table (4) shows that in urban slums, among the 19 wives having unmet need 7 (36.8%) have health concerns and fear of side effects and 6 (31.6%) have lack of information. In rural area out of the 23 wives having unmet need, 8(34.8%) have lack of information while 7(30.4%) have health concerns and fear of side effects. In urban slum, among the 13 illiterate couples having unmet need, majority (46.2%) have lack of information followed by health concern and fear of side effects (30.8%) In rural area, among the 13 illiterate couples having unmet need, majority (38.5%) have lack of information followed by health concerns and fear of side effects (23.1%)

Table 5 shows that in urban slums, among the married women having unmet need majority i.e. 14(20%) did household work as occupation and in rural area, among the married women with unmet need, majority i.e. 17 (24.3%) also did household work. Table 6 depicts that in urban slums, among the married women having unmet need, majority i.e. (9) were equally Hindus as well as Muslims. Again, in rural area, among the married women with unmet need, majority i.e. 18 (25%) were Hindus. Table 7 shows that in urban area, among the married women having unmet need, majority i.e. 8(21.6%) had 1-2 living children whereas in rural area, among the married women with unmet need, majority i.e. 16 (25.4%) had also 1-2 living children.

### **Discussion:**

In the present study, 20.7% of the married women in urban slums and 24.7% in rural area had unmet need for family planning. The unmet need observed in this study is much higher than that observed by NFHS-3 (2005-2006) data which was 12.8% for India and 10.6% for Assam. One of the main reason responsible for the comparative higher level of unmet need observed in the present study could be the fact the study was confined to slum dwellers and rural women, where more illiterate women unmet need for family planning 14(20%) in urban slums and 4(23.5%) in rural area. Among these, the reasons for unmet need were mostly lack of information (46.2% in urban, 38.5% in rural) and health concerns and side effects (30.8% in urban and 23.1% in rural). Patil SS et al (2010)<sup>1</sup> found that in a tribal block of Maharashtra, the most common reason for unmet need was side effects related causes followed by contraceptive method related reasons (lack of availability and awareness) and fertility related reasons (lactational amenorrhea, desire for more children and infrequent sex). Westoff CE et al (1995)<sup>2</sup> also stated that the slum dwellers were likely to have higher levels of unmet need than elsewhere. In this study, the unmet need among the married women are illiterate both in urban slums 14 (20%) and rural area 4 (23.5%). Andurkar S.P. et al (2006)<sup>3</sup> in study of unmet need for contraception among married women of reproductive age in urban Health Central Field Practice Area of Govt. Medical College, Aurangabad “found that the unmet need for the contraception was significantly associated with literacy status of self and of the spouse. In the present study, the unmet need was found to be significantly associated with the age of the mother (P<0.01). Shrivastava et al (2011)<sup>4</sup> also reported highest percentage of unmet needs for family planning in 15-19 years of age group. It was

also seen that women with a lesser number of living children (i.e. 1-2 children) had a higher unmet need than those with a greater number of living children. Similar findings of studies conducted by Srivastava DK et al. (2011)<sup>4</sup> Observations were made by Devi DR et al (1996)<sup>5</sup> where the highest percentage of unmet need for family planning was noted in the age group 15-19 years (66.66%). This can be attributed to the fact that the young couples do not have sufficient knowledge of various contraceptive methods available or they have fear of the side effects of the contraceptive methods. The unmet need was (20% in urban, and 24.3% in rural) among those women who were housewives while it was (22.7% in urban and 26% in rural) among those who were working. Basu AM et al (1993)<sup>6</sup> in his study that the work status of women and her economic independence can be considered as an indicator in the women in the household. Working women have higher opportunities to interact with the outside world, which imposes her to new ideas, which could change in the attitude towards family size and the use of contraception. Economic Independence also enhances in the women's role in decision making process which ultimately leads to lower family size and greater use of contraception. It was also seen that the percentage age of unmet need was high among the Muslims. Both in urban slums (21.4%) as well as in rural area (27.3%), Khokar A et al (2005)<sup>7</sup> in a study of "Contraceptive use in women from a Resultant area in Delhi", 30.6% of the women had unmet need of contraception and in case of 6.3%, opposition from husband and other family members was the reason for their unmet need, 11.1% cited the reason to be non-availability of the desired contraceptive and religion was highlighted as a reason by 9.5% of the subjects, all of women were Muslims, 33.3% mentioned the reason to be fear of side effects.

#### **Conclusion:**

In the present study, it was seen that among the non- practicing married women of eligible couples, 20.7% have unmet need for contraception in urban slums and 24.7% have unmet need for contraception in rural area. It is also seen from the study that unmet need for contraception decreases with the increase in the literacy status of the wives both in urban slums and rural area. The unmet need also decreases with increase in age of wives both in rural and urban are and highest unmet need is seen age group 20-29 years both in rural and urban area. The unmet need was found more in the working women both in urban and rural area. The percentage of unmet need was high among the Muslims in urban and rural area and decreases with increase in number of living children both in urban and rural area.

#### **Recommendations:**

The findings of the present study, stress the need for evolving following strategy for meeting the need for planned and small family norms. It is desirable to initiate family planning, responsible parenthood, reproductive rights and choices awareness programmes targeting specially educationally and economically backward groups. The programmes should specifically address to the various reasons e.g. Myth of loss of virility, side effects, male child preference urge to have atleast one male child responsible for disinclination towards adoption of family planning methods. The programme should also take care of the 'Limiting' and "spacing" of children requirements among the targeted families. Counseling of women following the unfounded fear of side effects of contraceptive methods will help increase the acceptance of family planning will help increase the acceptance of family planning methods. There is need to focus the programme on men as well as they often play

an important and dominant role in decision pertaining to the family size and the use/ non-use of family planning methods. Counseling for better communication between husband and wife about family is crucial for better mutual reproductive health decisions.

Also action need to be taken to improve the formal educational status of both men and women. The improved educational state and consequent better job opportunities and rise in financial position of the family shall lead to increased adoption of family planning methods.

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