



ISSN: 2231-6302

Survey on understanding of socio-demographic factors responsible for unmet need of family planning from the selected locality in Agra

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ABSTRACT

Despite the progress that has been recorded in area of family planning, an increasing number of women reporting the need for the contraceptives tells the urgency of the situation. Data collected from both developing and developed world put forth a whopping number as 120 million women who have reported that they are willing to delay the pregnancy but are not using any method of contraception. According to world health organization (WHO) Unmet need for family planning is defined as the percentage of women of reproductive age, either married or in a union, who have an unmet need for family planning. The concept of unmet need has already been defined through many studies, as it is the percentage of the women who wish to delay the childbirth but are not using any form of contraception. Since reporting of the unmet need of family planning depends upon the desire of the women to report such an issue which is still considered a taboo in Indian families. It is for this reason; unmet need is called as an inconsistent and fluid indicator of the reproductive potential of the women. It is postulated that, if the unmet need of the selected population is met through interventions, it could help in reducing the population and also help in bringing down child mortality in addition to maternal mortality and morbidity. This study from the selected location from Agra in Uttar Pradesh has brought in light certain observations among the women who were not using any method of contraception. We have through this study have reported that more than 73 percent of the women wanted to stop childbearing. Women who were using any of the choicest method of contraception, among them 34 percent of the women were reporting desire to become pregnant. 67 percent of the women wanted to delay the pregnancy for one to two years, 48 percent of the women from among the selected population in this category did not want to have any more children. The aim of this study was to establish a co-relation between various factors that exerts their affects on presence of unmet need for family planning and use of family planning methods with a reported decrease in pregnancy among the women who did not want any more children.

KEYWORDS: Family planning, contraception, population, mortality

Received: February 09, 2020

Revised: April 01, 2020

Accepted: April 02, 2020

Published: April 09, 2020

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INTRODUCTION

Lauded as first in the world, India is one of the pioneering nations to start a well structured national family planning programme in 1952 (Casterline JB, Sinding SW, 2014, Ghosh MN, Ram R, Bhattacharya, 2001, Pachauri S, 2004, Bongaarts J & Bruce J, 1995). The aim with which this programme was started decades ago mooted on the idea of not only having a stabilized population but also help in promoting reproductive health in addition of promoting infant and child mortality and morbidity including maternal health (Santosh Kumar & Hamadulah Kakepoto, 2011, Mishra VK *et al.*, 1999). Through this national family planning programme govt wishes to reach the lower rungs of the society. High population growth rate in India is due to presence

of high reproductive rate in various states of India (Laya KS, 2012, M.S. Jayalakshmi *et al.*, 2002, Diwakar Yadav & Preeti Dhillon, 2015). According to IVth national family health survey conducted during 2015-2016, estimated fertility rate of Indian women was 2.3 births (Deepti Choudhary, 2016, Ahmed S. *et al.*, 2012, Ram F & Singh A, 2006, Chaurasia AR & Singh R. 2014). Fertility rate is defined as average number of children born per woman during her lifetime. Studies conducted in various part of India have reported a declining trend, but it is yet to reach the replacement level (A. R. Chaurasia and S. C. Gulati, 2008, (S. Barman, 2013, Faujdar Ram, *et al.*, 2014). While various studies were conducted on finding the fertility rates prevailing in Indian states, these reports have brought in light the facts that several factors play a major role in deciding the increasing

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or declining trend in population (Pathak, P. K *et al.*, 2010, Gangopadhyay, B. and Das, D. N, 1997). According to a recent study (Bhattathiry *et al.*, 2014) India harbours more women with unmet need than any other part of the world (International Institute for Population Sciences, 2007). This survey study has estimated a whopping 31 million women in this country that are in need for contraceptives (Sedgh G *et al.*, 2007, Ghosh MN *et al.*, 2007). The main purpose of the contraceptives here are two fold, delay in becoming pregnant or spacing between the successive childbearing Andurkar SP *et al.*, 2006, Kumar A & Singh A 2013). Most of studies have confirmed that the percentage of the unmet need for family planning peaks among the young women (Singh A *et al.*, 2012). If abortion data from India is taken in to consideration, it is self explanatory fact about the presence of the unmet need (Desai S, 2017, Singh S *et al.*, 2017, Yadav K *et al.*, 2007, Jayalakshmi MS *et al.*, 2002, Yadav D, Dhillion P 2015). Data on record suggest that within the state of Uttar Pradesh, the fertility among the women ranges from 1.6 to 4.4. (Ahmed *et al.*, 2012, MoHFW, 1997, Matthews Z *et al.*, 2001, Pallikadavath S *et al.*, 2004) North-central part of Uttar Pradesh harbours more women with high reproductive potential. As previously mentioned that status of education in family have major role in adopting the methods of family planning and also have a role in presence or absence of the unmet need in family. Among various methods of the family planning that exists, people rely more on traditional methods of family planning (NHFS data 2015-2016, Kaushal *et al.*, 2015). Sterilization of the women still lauded as best suited method of family planning (N Saluja *et al.*, 2015). Use of the condoms finds the top place among the temporary method of contraceptives. Recent fertility decline reported from state of Uttar Pradesh is due to significant progress made by the ministry of health and family welfare (Ram F, Singh A, 2006, Yadav D 2012, Visaria Leela, 1997). Large numbers of schemes are being run under the umbrella of health and family welfare. Data of family planning suggests that female sterilization is quite common among the elderly women in society from the state of Uttar Pradesh (Nortman, L. Dorothy, 1982, Bongaarts, John, 1991). All traditional methods of family planning were also finds their usage in Indian families, but in the state of Uttar Pradesh, the use of the traditional methods were also on rise. With a decline from 5.2 births per women in year 1971 to 2.2 birth per women in 2016, India has witness dramatic fertility decline (Anand B *et al.*, 2010, Nazir S *et al.*, 2015, Srivastava DK *et al.*, 2011, Westoff, Charles F, 2006, Singh JV, 2005, Chako E, 2001, Patro BK *et al.*, 2005). This decline in fertility was felt across various groups in society be it Hindus or Muslims, people with better socio-economic status or not so better conditions (Choudhury, R.H. 2001, Radha D *et al.*, 1996, Rabey B *et al.*, 1996, Puri, A *et al.*, 2004, Sengupta, R. & Das, A, 2012, Patil, S. S *et al.*, 2012, Bhattacharya, S. K. *et al.*, 2006). Some studies have suggested that ushering the basic facilities such as availability of the schooling or in plain word the status of the education in the family (both husband and wife) play an important role in taking up the methods of family planning (Ansary R *et al.*, 2012, Barman S, 2013, Srivastava, D.K, 2011, Radha Devi *et al.*, 1996, Mohanan P *et al.*, 2003, B. Anand *et al.*, 2010). With increasing status of the education in family, methods of family planning such as all modern and traditional methods including the emergency contraceptive pills, IUD, hormonal

contraceptives, LAM methods, rhythm methods, sterilization, both male and female condoms are currently used method of family planning (Kumar A *et al.*, 2011, Lata K *et al.*, 2012, Veena V *et al.*, 2014, Lekshmi AR *et al.*, 2014, Nazir S *et al.*, 2015). All types of contraceptive methods both modern and traditional, usage of these methods have increased significantly and with an estimate of 31.72 to 47.91 during the year 1992-93 and 2015-16. District level house-hold survey (DLHS) have been conducted in state of Uttar Pradesh as well as from Agra.

People around the world use the method of contraception primarily for two reasons, either for spacing or for the limiting the size of the family (Dehingia, N *et al.*, 2019, Rajan S *et al.*, 2016, Achyupt P *et al.*, 2016, Bandyopadhyay S & Singh A. 2003). The concept of the unmet need comes primarily from the studies that has stemmed from the studies done elsewhere in the country. according to NFHS-3 conducted in the year 2015-2016, a DHLS (district level house hold survey) brought in light the facts about indicator describing the current use of any family planning methods, according to the studies, a total of 60.8 percent of the total population in Agra were using any methods of the contraception, out of these in urban dwelling the percentage of the population were in the range of 63.0 and in rural settings it was estimated to be around 58.9. Awareness about the concept of the small family size led to increase in methods of the family planning, these have also led to increase in the use of the modern methods of the contraception, among the user of the modern methods of the contraception a total of the 41.8 percent users were relying on its use. In urban setting the user of the modern methods of the contraception was at the rate of 43.6 percent while the users of the modern methods in rural dwelling it were estimated to be around 40.1 percent. Since the area of the study was chosen from among the rural settings, the common method the contraception was the female sterilization. This “permanent” method of the sterilization was reported from the urban area also. A total of 20.2 percent of the women in both rural and urban dwelling have undergone the permanent method of the contraception. Among these 16.2 percent of the women from the urban settings were preferring the permanent method of sterilization. In rural dwelling, since the pressure on the women to adopt the method of the contraception is quite high and as such the young married women under the pressure from in laws prefer the permanent method of family planning. A 20.2 percent of the women from the rural women from the district Agra opted for permanent method of family planning. Total unmet need for family planning 10.2 percent, out of these 8.5 percent was reported from urban areas and 11.9 from the rural areas, this indicates that the unmet need for family planning in rural areas are on higher side than their counterparts. Various studies have confirmed the spousal involvement in making decision about the unmet need of the family planning (Purwar N. *et al.*, 2018, Chaurasia AR, 2014, Seth A *et al.*, 2017, International Institute for Population Sciences, 2017). Inter spousal communication is a must for making informed decision about making choices for small family concept. Studies (Rasheed Nazish *et al.*, 2011, Donta Balaiah *et al.*, 2016, Islam MD *et al.*, 2013) have suggested that role of inter spousal communication for making decision about the choicest methods of contraception, presence of the

unmet need in the family, ideal family size etc. we have in our study have reported that the unmet need for limiting the size of the family was higher compared to the spacing between the children in the family.

A study from the developing world has recorded a significant number of deaths which occurs due to the presence of unmet need of family planning (Asif, M.F & Pervaiz, Z, 2019, Singh S *et al.*, 2018, Yadav *et al.*, 2009, M. Khan and B. C. Patel, 1997). As per one estimate there are more than 900 deaths which occur every day due to unmet need (Lal S *et al.*, 2002). The major cause of death which occurs due to presence of unmet need is attributed to the pregnancies which were not planned (R. K. Prusty, 2014). Within all parameters which are accepted globally, India harbours the largest number of women with high unmet need and consequently large number of maternal and child deaths. Millennium development goals (MDGs) have pointed that the presence of high unmet need in India is impacting the global health indicators. Among the eight United Nation's millennium development goals, there are a few which are dedicated towards addressing the family planning issues of the world (Starbird, Ellen *et al.*, 2016) These goals have emphasized on most efficient, effective and evidence based progress in the chosen area. Goal number three of the MDGs sufficiently states the problems of the unmet need. It states that the pregnancies which are not planned are like a burden on the family (Yazdkhasti, Mansureh *et al.*, 2015, Joshi S & Schultz TP, 2007). It exerts pressure on the resources of the family. Studies carried out in remote parts of the African continent highlights the use of the contraceptive methods and its probable benefits. It also emphasizes the involvement of the men in making decision on taking up the methods of the contraception. As mentioned earlier the main objective of this study was to find out the present unmet need among the rural women from selected locality (Shamshabad, Agra) and to access the socio-demographic factors contributing to the high unmet need.

METHOD

The study was conducted with an aim to find out the unmet need for contraception among the married and sexually active women of age group 18-45 and in addition, it also aimed at finding out the socio-demographic factors affecting and / or associated with unmet need for contraception along with awareness and pattern of contraceptive use among the rural women from Shamshabad area of Agra district in Uttar Pradesh. This study was conducted at department of Zoology and Botany, Govt (PG) College Fatehabad, Agra. To carry out this rigorous study selected four hundred and thirty (430) women were selected and interviewed through pre-designed questionnaire. This study have brought in light some of the facts from the selected locality (1) among married and younger couples, unmet need for contraception for spacing is on higher side compared to unmet need for limiting (2) inverse relation between the age of the married women and unmet need for contraception (3) number of living children in family had direct bearing on reported unmet need (4) women with high fertility have very low unmet need as desire to have the children is quite high (5) direct relation between the sex of the child, unmet need

and use of the contraception for family planning. Data thus collected were analyzed by simple tabulation methods. Socio-demographic factors studied for their association with present level of unmet need included, age of the participating women, type of the family in which the subject is residing, nuclear or joint family, educational status of the women, education level of the husband, caste of the women, occupation of the women, socioeconomic status (SES) of the family, number of the living children in the family, number of the living sons in the family, inter-spousal communication among the family, awareness of the women for her husband views on family planning related matters, response of the husband with his wife's views on methods of contraception etc. National family health survey-IV (NFHS-IV) has presented the data on unmet need. As per the national record the two third of the currently married women of age group 15-49 who were in sexual union have revealed the demand for family planning. National data reported the unmet need of 11.3 percent for spacing and 55.7 percent for limiting the birth. Data also revealed 53 percent of the currently married women were already using any method of contraception for spacing.

RESULTS

Table 1 comprises the data collected and analysed at department of Zoology and Botany, Govt (PG) College Fatehabad, Agra. Data was compiled following interviews from among the selected 430 women from the rural habitat of Shamshabad area of Agra district in Uttar Pradesh. Data comprising the age factor on unmet need of contraception revealed that in women in their twenties or less in the selected locality have of unmet need for contraception. As the age of the women increase, the unmet need for contraception also increases. We through this study have reported that illiterate women from the selected locality have reported unmet need for contraception, women who had the education up to primary level, in them the unmet need was reported to be 27.9%. Women who were educated up to secondary level, unmet need for contraception in them was reported to be 23.9, which was not significant compared to the women with primary level of education. Women in the group of the highly educated, unmet need for contraception were quite high. It was reported to be 30.9% among all women of the selected locality. This suggests that among the women who were highly educated they explore the methods of the contraception beyond the traditional method of birth control only. We have, through this study, reported the level of husband education on bearing with the unmet need for contraception in family. We tried to understand whether the level of education of husband in the family has any role to play addressing the cause and concern of the unmet need for contraception. We have reported in positive about the level of husband education in relation to unmet need for contraception for the purpose of family planning. Place of residence, the dwelling, surroundings have a greater role to play when it come to unmet need for contraception. Since this study was focused on women from rural dwellings we are not reporting the data on unmet need involving the worm from urban locality. Through this study we have also reported the role of the religion in influencing the unmet need for contraception. In non-muslim families the

Table 1: Socio-demographic profile / factors under study (n=430)

Socio-demographic variables under study	Total number of participants	Number with unmet need
Age in years		
<20	110 (25.5)	88 (20.4)
21-34	198 (46.2)	108 (25.1)
>35	122 (28.3)	83 (19.3)
Place of Residence		
Rural	430 (100)	76 (17.6)
Urban	0	0
Education Status of husband		
Illiterate	74 (17.2)	0
Primary	120 (27.9)	0
Secondary	103 (23.9)	0
Higher Education	133 (30.9)	0
Education Status of women		
Illiterate	24 (5.5)	11 (2.5)
Primary	103 (23.9)	101 (23.4)
Secondary	195 (45.3)	103 (23.9)
Higher Education	108 (25.1)	82 (19.0)
Number of Pregnancies		
No pregnancy	107 (24.8)	00 (0.0)
One pregnancy	137 (31.8)	182 (42.3)
Two pregnancy	105 (24.4)	53 (12.3)
>3 pregnancy	81 (18.8)	118(27.4)
Religion		
Non-Muslims	238 (55.3)	137 (31.8)
Muslims	192 (44.6)	215 (50.0)
Socioeconomic Status		
Upper	0	0
Middle	310 (72.0)	235 (54.6)
Lower	120 (27.9)	181 (42.0)
Occupation of the women		
Housewife	317 (73.7)	204 (47.4)
Skilled/Unskilled	113 (26.2)	109 (25.3)
Inter-spousal communication		
Yes	188 (43.7)	124 (28.8)
No	242 (56.2)	207 (48.1)
Caste		
OBCs	215 (50.0)	101 (23.4)
SC/ST	121 (28.1)	210 (48.8)
Other's	94 (21.8)	83 (20.4)
Number of Living Children		
No Child	21 (4.8)	03 (0.6)
One Child	198 (46.0)	88 (20.0)
Two Children	110 (25.5)	41 (9.5)
Three Children	43(10.0)	07 (1.6)
Four Children	37(8.6)	19(4.4)
Five children	11 (2.5)	08 (1.8)

unmet need for contraception was quite low, but in case of muslim families, the unmet need for contraception was quite high. Caste system which is quite prevalent in the selected locality had an influence on unmet need for contraception. We and other independent researchers have reported the impact of the caste on unmet need for contraception. We have documented that in case of women who belong to SC category, the unmet need for contraception in them was quite high. Socioeconomic status of the family had the positive and direct relation with respect to unmet need for contraception. In case of the middle income range families, unmet need for contraception was reported to be 72% and in case of families in lower income group, unmet need for contraception was reported to be 27.9%. Families where the inter-spousal communication was very low

to nil, in those families the unmet need for contraception was reported quite high. This indicates the role of the inter-spousal communication for deciding the method of contraception that best suits the requirement of the family. Women perception of husband views on family planning related matters and husband behaviour with wife towards use of family planning methods; all has been reported to exhibit the positive trends in addressing the unmet need for contraception.

DISCUSSION

Govt. of India through its concerted efforts have made significant progress in lowering down the growth of population in country, still the unmet need of the contraception is quite high in the country. National Family Health Survey has documented the nature and the level of the unmet need for contraception, both for limiting as well as for spacing. Various factors have been implicated in deciding the choicest method of contraception and the role of the various factors have been looked in details influencing the presence of unmet need. Due to availability of better health infrastructure in country and also through various health promotion programmes coupled with family planning programmes, have brought the maternal & infant mortality to abysmally low, but this has brought more harm than cheers for policymakers as well as for the individuals. There is no doubt and also it is an established fact through many studies on this topic that there exist a wide gap between the demand and supply of the contraceptives in the country. The unmet need is more in case of rural population compared to their counterparts in urban settings. Various demo-graphic and social factors determine the extent of the unmet need for contraception within states and the country. Through this several social factors responsible for the present cause has been listed, few of factors assume greater significance, these include religion, caste & socioeconomic status of the family. We have, though this study have reported several points where effective interventions strategies can play a major role in addressing the cause of the unmet need. Although it is a challenging task to address all the factors at the same time, addressing few vital and crucial factors will help mitigating the chances of the high prevalent unmet need in the state as well as in the country. Based on the input from the respondent and after a detailed analysis of the data, few suggestive measures can be put forward to policy makers for addressing the gap between demand and supply. Based on the data and the socio-demographic factors prevailing in the selected area of the study, better understanding about the problems of having large family size, including the health and happiness quotient, chances and burden of the unintended pregnancies, scourge of abortion etc needs to be informed to all the eligible couples seeking the advice on methods of the contraception.

Although there is no doubt that in case of India, successive government have kept a tab on problem of increasing population though the rollover of various measures of family planning but much more is required to be done. Unmet need for contraception occupy the central position and proved crucial in all policy planning programmes aimed at controlling the surging global population of the world. In our study we have reported

that in certain families' women carry more children than they actually need but in them the desire for smaller family size was quite significant. Some of the respondent in our study have revealed the fact that the high cost of the contraceptive was an obstacle in using the methods of the contraception. Some of the respondent were also of the view that that the availability of the contraceptives of their choices were not available at the time of requirement and hence the reason for not using was cited. In case of the developing world, the unmet need for contraception is higher compared to the developed part of the world. Within the country itself, states that are performing better on human index, in them the unmet need for contraception was much lower compared to the states that are not performing better on human index. If government wishes to increase the wealth index of its population, addressing the issue of the increasing population is a must and this could be done if the issue of the unmet need for contraception is handled with utmost care and responsibility. Unmet need for the purpose of contraception has been studied in great details in understanding and devising the strategies for better planning the strategies combating the problem of overpopulation in the country. Increasing fertility rates among the population, is contradicting the progress made towards addressing the presence of high unmet need for contraception. Detailed study must be carried out to find out the factors and their co-relation impacting the important issue of contraception.

AUTHOR CONTRIBUTION

SS and BCY in this paper contributed in designing the questionnaire for data collection, design the entire study, analysed the data, interpret the findings of the study and wrote the manuscript.

ACKNOWLEDGEMENTS

The authors are thankful to all the women who were willing to participate and express their views for this study. Their co-operation for this study is highly acknowledged.

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