

ISSN: 2278 - 0211 (Online)

Comparission Of Unmet Need For Family Planning In Males And Females Residing In Field Practice Area Of Rural Health Training Centre (RHTC) Naila (Jaipur), Rajasthan

Dr. Brijlal Bairawa

Final Year Resident, PSM, SMS Medical College, Jaipur, Rajasthan, India

Dr. Afifa Zafer

Professor PSM, SMS Medical College, Jaipur, Rajasthan, India

Dr. Usha Rani

Final Year Resident, Gyne & Obs, SMS Medical College, Jaipur, Rajasthan, India

Dr. Kusum Gaur

Professor PSM, SMS Medical College, Jaipur, Rajasthan, India

Dr. R.K. Manohar

Professor and Head PSM, SMS Medical College, Jaipur, Rajasthan, India

Abstract:

Background: - Unmet need for family planning is one of the indicators to assess the effectiveness of the family planning programme.

Objectives: - to assess and compare unmet need for family planning of married males and married females in the field practice area of RHTC Naila, Jaipur.

Materials and methods: - A community based cross sectional analytic type of observational study through 30 cluster sample technique was carried out on 968 eligible couples (married men and women of reproductive age group) residing in field practice area of RHTC Naila, attached to SMS Medical College, Jaipur.

Results: - Female's were having significantly more (p<0.001) unmet need than males (20.9% v/s 10.2%). Limiting as well as limiting type of unmet need females predominate over males (p<0.001). Although difference between mean existing and desired number of children was observed significant (p<0.05) in females not in males but for girls child both felt significantly (p<0.001) more than desired. Although in males there was no significant difference was observed in desired and existing interval between children but in case of females it was significantly less (p<0.05) in '0' to1st and significantly more (p<0.05) in 1st to 2nd child interval.

Conclusion: - Females were having more unmet need than males. Males as well as females felt that they have more number of girls. Females want to have earlier 1^{st} child and delay the 2^{nd}

Key words: Unmet need, eligible couple, spacing and limiting

1.Introduction

"Unmet need" for Family Planning points to the gap between some women's reproductive intentions and their contraceptive behaviour. Unmet need for family planning is one of the indicators to assess the effectiveness of the family planning programme. Millions of women in the world would like to avoid pregnancy but all are not using any contraceptive. Most of these are from developing countries. Worldwide 201 million women still have an unmet need. According to NFHS-3 in India 13% of married women have an unmet need. Their need of contraceptives remained "unmet" for many reasons that are largely preventable. Men's participation is a promising strategy for addressing some of the world's most pressing reproductive health problems.

At the societal level, a transition in family norms from larger to smaller size would increase the unmet need for contraception unless such services are made available efficiently. A society exhibiting norms of gender bias may show higher unmet need levels.

India is a vast country with a population of 1.21 billion & about three-fourth of the country's population live in rural areas. It is one of the challenges to meet the contraceptive needs in rural areas, where most of the women live & give birth. A very few studies have

been undertaken regarding current contraceptive methods & unmet need for contraception among rural population. Given the diverse array of rural cultures it was decided to limit the study to rural areas.⁴

2.Materials And Methods

A community based cross sectional analytic type of observational study was carried out to find out unmet need and its associating factors among married men and women of reproductive age group (eligible couples) residing in field practice area of RHTC Naila, attached to SMS Medical College, Jaipur.

30 cluster sampling technique was used to cover a whole field practice area of RHTC

Sample size was calculated 484 subjects for each group with primer statistics of software at alpha error 0.05 and power 80%, assuming unmet need for family planning in married males 11% and married females 17.5% (as per seed article). With addition of study design effect of 30 cluster sampling technique the estimated sample size was made two times of calculated sample size and i.e. 484*2 = 968 subjects for each group

So, for the study purpose 968 married males and 968 married females having their wives in reproductive age group (between 15-45years) and living with husband were included in the study. Couple with chronic or serious illness will be excluded from the study. Data were collected using a pre-designed, pre-tested, semi-structured interview schedule Data collection for study started on 1st June 2012 and was completed on 24th March 2013.

Data thus collected were compiled in MS Excel worksheet. To find out the significance of difference in proportion chi-square test and to find out the significance of the difference in means ANOVA/ Post-hoc test were used. For Significance p value equal to or less than 0.05 was considered significant.

3.Results

Overall unmet need for family planning was observed 15.6% in the present study with female's predominance over males (20.9% v/s 10.2%). This difference in proportion between both sexes is highly significant (p<0.001)

Overall limiting type of unmet need for family planning predominated over spacing (20.5% v/s 10.6%). This difference in proportion was highly significant (p<0.001). It was also observed that difference in proportion between male and female in the both the type of unmet need was also highly significant (p<0.001).

Although no significant (p>0.05) difference between mean existing and mean desired number of children was observed in males in the present study but in females there was significant (p<0.05) difference between mean existing and mean desired number of children. Regarding unmet need according to existing and desired number and sex of children in both the sexes, it was observed in the present study that there was not significant (p>0.05) difference between mean existing and desired number of boys but in case of girls where existing number of girls were significantly (p<0.001) more than desired in both the sexes.

Regarding distribution of unmet need according to the existing and desired interval between children in both the sexes in the present study it was observed that although there was no significant (p>0.05) difference in mean existing and desired interval between children in case of males but in case of females it was significantly less (p<0.05) in '0' to1st and significantly more (p<0.05) in 1^{st} to 2^{nd} child interval.

4.Discussion

In the present study it was revealed out that unmet need for family planning in males and females was 10.2% and 20.9% respectively with overall unmet need 15.6%. This difference in proportion of males and females having unmet need was highly significant (p<0.001). These findings are well comparable with the observations of other survey like Annual Health Survey (AHS)⁵, Reproductive and Child Health Survey 2(DLHS-2)⁶, NFHS-3². AHS conducted survey in 8 EAG states (UP,MP,Bihar, Rajasthan, Jharkhand, Chhattisgarh, Orisa and Uttarakhand) and observed total (overall) unmet need below 20% and the total Unmet need varies from a minimum of 19.6% in Rajasthan to maximum of 39.2% in Bihar.. Likewise DLHS-2 reported unmet need in Rajasthan state 22%, ranging from lowest (8%) in Hanumangarh and highest in Barmer. Unmet need in Jaipur was observed 11% by DLHS-2. like wise NFHS-3 observed that the total unmet need of Family Planning is 21.3% (DLHS-III) in our country and the 13 percent of currently married women in India have an unmet need for family planning.

The present study's findings are not well resonance with the observations of other authors like S. K. Bhattacharya et al (2006)⁷ and Harsha M Solanki et al (2013)⁸ also who reported 41.67% and 44.1% unmet need respectively.

In the present study it was also revealed that the type of unmet need for total is 10.6% for spacing and 20.5% for limiting but according to sex 3.0% for spacing, 7.2% for limiting in males and 7.6% for spacing, 13.2% for limiting in females. The difference in the unmet need for spacing was not significant between males and females while it was highly significant for limiting between males and females. These findings are well comparable with the observations of other surveys like NFHS-3² who observed that the unmet need for spacing ranges from 3% or less in Himachal Pradesh, Punjab and Andhra Pradesh. Similar to the national pattern, in most states the unmet need for limiting is higher than that for spacing. In contrast to the present study's observations regarding types of unmet need in both sex authors like Seema Choudhary et al (2011)⁹, who observed that in women overall unmet need was high for limiting methods 25.46% then spacing methods 16.15%.

In the present study it was revealed out that the difference in the unmet need for spacing was not significant between males and females while it was highly significant for limiting between males and females. These findings are well comparable with the

observations of authers like A.Kasthuri et al (2012)¹⁰, who observed that the unmet need for spacing was found to be 11.1% and unmet need for limiting was found to be 7.6%.

5. Conclusion

Female's were having significantly more (p<0.001) unmet need than males (20.9% v/s 10.2%). Limiting as well as limiting type of unmet need females predominate over males (p<0.001). Although difference between mean existing and desired number of children was observed significant (p<0.05) in females not in males but for girls child both felt significantly (p<0.001) more than desired. Although in males there was no significant difference was observed in desired and existing interval between children but in case of females it was significantly less (p<0.05) in '0' to1st and significantly more (p<0.05) in 1^{st} to 2^{nd} child interval.

		Total		Unmet N	leed Present	Unmet Need Absent		
S. No	Sex	No (%)		No (%)		No (%)		
1	Males	968	(100)	99	(10.2)	869	(89.8)	
2	Females	968	(100)	202	(20.9)	766	(79.1)	
3	Total	1936	(100)	301	(15.6)	1635	(84.4)	
Chi-square Test value 40.928 at 1DF P<0.001 HS								

Table 1: Unmet Need In Males And Females (Total Couples = 968)

S. No	Type of Unmet Need		tal of total)	Unmet I in Ma		Unmet Need i	n Females	Chi-square P Value	at 1DF LS
								37.59	2
1	Spacing	103	(10.6)	29		74		P<0.001	HS
								32.81	8
2	Limiting	198	(20.5)	70		128		P<0.001	HS
			34.760		32.323		27.817		
Chi-square Test value at 1DF		P<0.001	HS	P<0.001	HS	P<0.001	HS		

Table 2: Type Of Unmet Need In Males And Females (Total Couples =968)

		't' Test Value at 1934 DF in Males			't' Test Value at 1934 DF in Females		
S. No	Sex	P Value		LS	P Value		LS
			1.258			-1.237	
1	Boys	0.209		NS	0.216		NS
			17.978			17.178	
2	Girls	< 0.001		HS	< 0.001		HS
			-1.038			-2.829	
3	Total	0.299		NS	0.005		S

Table 3: Comparison Of Significance Of Difference Between Existing And Desired Number And Sex Of Children In Males And Females

	Birth Interval Between	't' Test Value	e in Males	t' Test Value in Females		
S. No	Children	P Value	LS	P Value	LS	
		-0.923 at 902 DF		-5.170 at 902 DF		
1	0 to 1 st Child (n=452)	P = 0.356	NS	P<0.001	HS	
		0.349 at 49	92 DF	2.659 at 492 DF		
2	1 st to 2 nd Child (n=247)	P=0.727	NS	P=0.008	S	
		-0.260 at 266 DF		0.378 at 266 DF		
3	2 nd to 3 rd Child (n=134)	P=0.795	NS	P=0.706	NS	
	3 rd to 4 th Child (n=135) and	-0.447 at 268 DF		-0.314 at 268 DF		
4	More	P=0.655	NS	P=0.754	NS	

Table 4: Comparison Of Significance Of Difference Between Existing And Desired Birth Interval Between Children In Males And Females

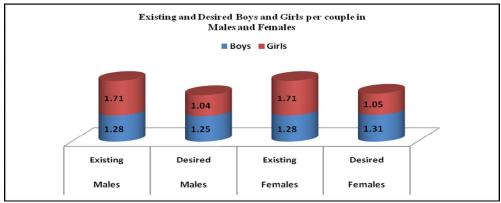


Figure 1

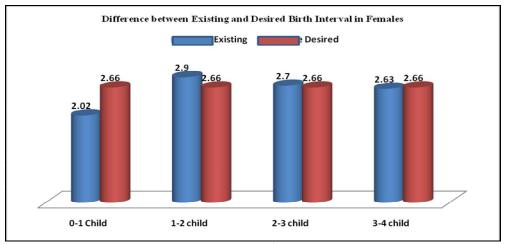


Figure 2

6.References

- 1) Jennifer Garcia (2013):Contraception: Unmet Needs Projected to Rise by 2015: Lancet. Published online March 12, 2013.
- 2) International Institute for Population Sciences (IIPS) and Macro International. (2007). National Family Health Survey (NFHS-3), Chapter-5 Family Planning; 2005–06: India:IIPS Mumbai, Volume I.
- 3) Ranajit Sengupta and H. Lhungdim (2002-2004):Factors associated with Contraceptive Practices and Unmet Need among Young Currently Married Women in the Rural Areas of Empowered Action Group (EAG)States of India. Department of Public Health and Mortality Studies, , International Institute for Population Sciences, Mmbai-400088
- 4) Indu.D (2011): Unmet needs for family planning in urban slums of Trivandrum corporation area- A cross sectional study Dept of Community Medicine, Medical College, Trivandrum: Calicut Medical Journal 2011; 9(2):e5
- 5) Press Release: Annual Health Survey (AHS) in 8 EAG States and Assam Release of District Level Factsheet: 2010-11 Office of Registrar General, India; Ministry of Home Affairs Government of India: 16.07.2012.
- 6) Reproductive And Child Health DLHS-2 (2002-2004); Rajasthan.
- 7) S. K. Bhattacharya, R. Ram, D. N. Goswami, U. D. Gupta, K. Bhattacharyya S. Ray (2006); Study of Unmet Need for Family Planning among Women of Reproductive Age Group Attending Immunization Clinic in a Medical College of Kolkata; Indian Journal of Community Medicine Vol. 31, No. 2, April June, 2006
- 8) Harsha M Solanki, Chavan Mansi K. Chavan, Velhal Gajanan D, Mehul T. Parmar (2013):A comparative study between met & unmet need groups of contraception in rural area of Maharashtra, India;GLOBAL Journal Of Medicine And Public Health; Vol. 2, No. 1, 2013
- 9) Seema Choudhary, Neelu Saluja, Seema Sharma, D.R. Gaur, S.M. Pandey (2011); "A study On The Extent And Reasons Of Unmet Need for Family Planning Among Women Of Reproductive Age Group In Rural Area Of Haryana" The Internet Journal of Health. 2011 Volume 12 Number 1.
- 10)A.Kasthuri, K.Mohana krishnan, A.Suganya (2012): Cross-sectional study of unmet need for spacing and limiting method of contraception among rural married women; Nat.J.Res.Com.Med .,1(4), 2012.178 -241.