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Research Article

## Prevalence of unmet need for contraception in urban slum communities, Mumbai

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### ABSTRACT

**Background:** Unmet need for family planning is a tool to monitor the family planning program. Hence, the objective of study is to examine the prevalence of unmet need for family planning among women living in urban slum communities, Mumbai.

**Methods:** The cross-sectional survey was conducted among currently married women aged 18-39 years and having at least one child. A total of 2797 women were selected using systematic random sampling. Information on demographic characteristics, their contraceptive behaviour and fertility intention were collected by face to face interview using structured questionnaire. Chi square test was applied and  $p < 0.05$  was considered as significant.

**Results:** About 59.4% were currently using family planning methods and 40.6% have reported unmet need for family planning. Awareness of contraceptive methods among women with unmet need for family planning was universal. The prevalence of unmet need for family planning significantly decreased as the age and number of children increased. The prevalence of unmet need was significantly higher than met need for family planning among women having one child as compared to women having 2 or more children.

**Conclusions:** A significant gap was observed between met and unmet need for family planning among younger women and having one child. The study emphasises the need for family planning programs to focus on younger couples having one child.

**Keywords:** Barriers, Contraception, Family size, Unmet need, Younger couples

### INTRODUCTION

Unmet need for family planning is a significant tool to monitor family planning program and maternal health. Contraceptive use can reduce maternal mortality by reducing the number of unintended pregnancies and abortions.<sup>1</sup> Despite the high level of awareness about contraception, low level of modern spacing methods use has been observed in India.<sup>2</sup> In 6 years, unmet need has declined by 3.6 percentage point i.e. about 1.1 percent per year [from NFHS-2 (15.8%) to NFHS-3 (13.2%)] in India, whereas, no change in percentage of unmet need

was observed among women aged 15-19 years in Maharashtra.<sup>2</sup>

Cultural barriers inhibit from postponing childbearing, parents, in-laws and relatives influence couples to give births soon after marriage.<sup>3</sup> Moreover, persistent misconceptions about modern contraceptive methods act as barrier to use. Reasons for not using oral contraceptive pills were reported as perceived or experienced side effects/ health concern,<sup>4,5</sup> dizziness, loss of appetite,<sup>6</sup> weight gain, nausea/vomiting, breast tenderness, mild headache, fatigue, and depression or mood change.<sup>7-8</sup> With regard to use of condom, inconvenience or lack of

privacy was reported as barrier to use.<sup>9</sup> Lack of correct knowledge about contraceptive methods and opposition from husbands, relatives, and themselves were also found as barrier to use contraception.<sup>4-6</sup>

In addition to individual level factors, health facility level factor like quality of care plays a key role towards acceptance or continuation of family planning methods.<sup>8,10</sup> A significant number of women were not satisfied with the contraception they used<sup>7,8</sup> or quality of contraceptive services provided to them by the health care provider,<sup>10</sup> long waiting period and inconvenient timings.<sup>8</sup> Under Municipal Corporation of Greater Mumbai (MCGM) health infrastructure and services, a health post is set up to cater a population of 60000. There are Community Health Volunteers (CHVs) for 2000 population in order to provide the maternal and child health services under the national program. One of the roles of CHVs is to distribute condoms and Oral Contraceptive Pills (OCPs) at door steps with an aim to increase the contraceptive usage in the community.

Some previous studies reported socio demographic factors such as age, number of children, working status, education, and place of residence to be associated with unmet need for contraception.<sup>4,8,11-14</sup> However, it was also observed that mothers' age at birth, and number of children changed over time.<sup>15</sup> A community based study conducted in urban slum area of Guntur, Andhra Pradesh in south India showed that unmet need for limiting family planning was higher than spacing family planning method among women aged 20-24 years.<sup>4</sup> This indicates that in last few years in India, young couples who belong to certain socio-economic strata in urban areas prefer one child due to rapid increase in cost of living, urbanization and child education.<sup>16</sup> Therefore, age and number of living children are playing a major role in creating demand for contraceptive methods. Hence, the present study explores the prevalence of unmet need for contraception by age of women and number of children in the slum communities.

## METHODS

A community based study was conducted in two slum communities covered by urban health posts under the municipal corporation of greater Mumbai. Using systematic random sampling, a total of 2797 currently married non-pregnant women aged 18-39, having one child and currently living with their husbands were selected. For the present study, unmet need for family planning was defined as women who wish to postpone their next pregnancies for at least two years or limit their births but are not currently using any contraceptive method. Current users of contraception were considered as having met need for family planning. Chi-square test was used to examine difference in proportion between contraceptive use and age and number of children;  $p < 0.05$  is considered as significant.

## RESULTS

Out of 2797, 59.4% women were currently using one or the other family planning methods and 40.6% women reported of having unmet need for family planning.

### *Contraceptive behaviour among women having unmet need for family planning*

Awareness of modern contraceptive methods is universal among women having unmet need for family planning (Table 1). Only one fourth women had ever used contraceptive methods out of which 39.7% had ever used oral contraceptive pills followed by condom (38.3%). Majority of them reported fear of side effects or health concern (48.9%) followed by postpartum amenorrhoea (30.0%) as the reasons for not using contraceptive methods (Table 2).

**Table 1: Percentage of women aware of family planning methods.**

Family planning methods	Percent N=1136
Oral contraceptive pills	94.0
IUCD	93.8
Condoms	91.2
Female sterilization	96.1
Male sterilization	65.6
Rhythm	26.3
Withdrawal	19.2

**Table 2: Main reason for not using any contraceptive methods.**

Reason for not using any methods	Percent N=1136
Method opposed	7.2
Knows no method/source	9.7
Health concern/fear of side effects	48.9
Postpartum amenorrhoea	30.0
Other	4.2

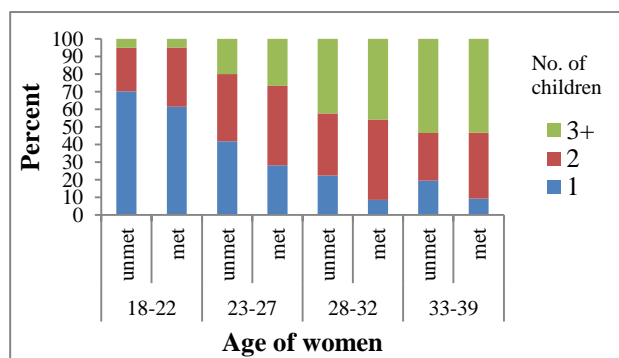
### *Unmet and met need for family planning by age and number of children*

Table 3 shows that prevalence of unmet need for family planning significantly decreased as the age of women increased. Similar trend was also observed in case of number of children. As the age increased, the prevalence of met need for family planning was higher than that of unmet need for family planning except for women aged 18-22 years. Similar trend was also observed in case of number of children i.e. prevalence of unmet need was higher than met need for family planning for women having one child as compared to women having 2 or more children.

**Table 3: Percentage of women with unmet and met need for family planning according to age and number of surviving children.**

Socio demographic characteristics	Unmet need for FP N (%)	Met need for FP N (%)	p value
<b>Current age (years)</b>			
18-22	219 (60.0)	146 (40.0)	0.0001
23-27	494 (46.5)	568 (53.5)	
28-32	306 (34.7)	575 (65.3)	
33+	117 (24.1)	372 (75.9)	
<b>Number of children</b>			
1	453 (57.5)	335 (42.5)	0.0001
2	382 (35.1)	706 (64.9)	
3+	301 (32.8)	620 (67.2)	
<b>Total</b>	1136	1661	

Figure 1 depicts the combined scenario of current age of women, number of children, met and unmet need for family planning. The prevalence of unmet need was higher than that of met need for family planning among women having one child across all age groups as compared to women having 2 or more children, i.e. prevalence of met need was higher than that of unmet need for family planning in all age groups.



**Figure 1: Percentage of women with unmet and met need for family planning by number of children according to current age of women.**

## DISCUSSION

The present study shows that every 4<sup>th</sup> women is at risk of unintended pregnancy due to unmet need for family planning and only one fourth women had ever used contraceptive methods. All the women were aware of contraceptives methods. However, wide gap between awareness and usage was observed in the present study. The main reason for not using contraception was fear of side effects or health concerns which is often affected by misconception or misinformation prevalent in the community. Opposition of contraceptive methods being reported as one of the reasons for not using contraception are still prevalent and corroborates with other study findings.<sup>4-6,8</sup> Parent, in laws, relatives and friends have a major role in a family building and contraceptive

usage<sup>8,17-19</sup> and their views on contraceptive usage, misconception or myths might influence respondent's non use contraceptive methods. Present study shows that nearly 7.2 percent of women were not using any contraceptive methods because of opposition in husband and others. Another barrier observed from the study is that women do not want to use any contraception till they resume their menstruation after delivery and similar findings was reported by Patil.<sup>8</sup> Post placental delivery IUD insertion might be a good way to reduce the unmet need and unwanted pregnancies.<sup>20</sup> The misconception and myths about contraceptives could be dispel by health providers which would in turn increase the met need.

Age and number of children were significant predictors of unmet need for contraception.<sup>4,11,12,14,20-22</sup> The present study shows that the unmet need was higher than met need among women aged 18-22 years as compared to women aged 23 year or more. Similarly, unmet need was higher than met need among women having one child across all the age groups whereas the reverse pattern was observed for women having more than one child across all age groups. In the study sites, accessibility or procurement of contraception was not a problem since the health facility is situated in the selected communities and also the community health providers distribute oral contraceptive pills and condoms at doorsteps. This may be the reason why majority of women ever used oral contraceptive pills and condom, whereas quality of care remains an issue.<sup>23</sup> The significant gaps observed between met and unmet need for family planning by parity and age clearly raises an issue of whether contraceptive needs of younger or lower parity women were given less priority/importance by health providers. Though the present study does not show any direct evidence, the provider bias in contraceptive methods promotion according to age of women has been cited by other study as barriers to contraceptive use.<sup>24</sup> A study conducted in Uttar Pradesh, India showed that more than 50 percent of health care providers imposed restriction to contraceptive methods for women having one child though such restrictions are not imposed by the family planning program of Government of India.<sup>3</sup> The reason for not providing family planning counselling to newly-wed couples might be due to socio-cultural practice in the community to have a child immediately after marriage.<sup>3</sup> These barriers imposed by health providers increase the unmet need for family planning among young and lower parity women which put them at increased risk of unintended pregnancy. It is important that health care providers encourage and provide contraception as per the need of the young and lower parity couples.

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