

Original Article

Unmet Need of Contraceptives Amongst the Married Women of Reproductive Age Group: A Study in a Coastal Belt of Bangladesh

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Abstract

This cross-sectional study was conducted with an objective to assess the unmet need of contraceptives among married women of reproductive age at Assasuni Upazila (coastal area) in Satkhira District during the period from January to December 2016. A total of 222 participants (married women) were included in the study. The mean (\pm SD) age of the respondents was 27.9 ± 6.2 years and about half (45.9%) of the respondent's marriage age were between 15 and 17 years. Most of the (85.6%) women were housewives and more than half (50.9%) belongs to a nuclear family. Most of the respondents (94.6%) were not currently pregnant and about one-fourth (25.7%) of them experienced with previous pregnancies. About ninety percent of the outcomes of last pregnancy were live-births. More than two-thirds (80.2%) were using contraceptives. More than two-fifth of the respondents was using the oral pill and 17.6% of their husband's using condoms as a contraceptive. Among 222 respondents, 13.5% had the unmet need of contraceptives. Unmet need comprises who were not using any method of contraception due to husband's opposition, did not know, opposition from other family members and no menstruation after last childbirth, (6.3%, 5.0%, 1.3% and 0.9%, respectively). Unmet need of contraceptive is high despite an extensive family planning program in Bangladesh. It is necessary for the governments to come up with strategies, which can reduce unmet needs of contraceptive, especially among coastal area.

Keywords: Unmet need; contraceptives, reproductive age, coastal belt.

INTRODUCTION

Unmet need among women in the reproductive age, that are sexually dynamic, do not want any child or wish to delay

their childbirth, do not use any contraceptive methods or usage of outdated contraceptive approaches.¹ Many women of reproductive age and their spouses are sexually energetic rather wanted to avoid childbirth whether they are not using any contraceptive method. These women are considered to have unmet need of contraceptives.²

Unmet need does not necessarily mean that contraceptives are not available, it may also mean that women lack of information or that the quality of services on offer does not encourage the necessary self-reliance or that women themselves have little say in the matter.³ Most of the married women want to use the contraceptive methods but are unable to use because of lack of knowledge, current problem, fear of side-effects, spiritual cause, lack of family planning worker, and inadequate supply and great cost.⁴

The population under unmet need include women using an ineffective method or incorrectly using a method or most likely using an unsafe method.⁵ Unmet need does not necessarily mean that contraceptives are not available, it may also mean that women lack of information or that the quality of services on offer does not inspire the necessary confidence or that women themselves have little say in the matter.^{5,6} Reduction in the unmet needs for contraceptives can progress upon the reproductive, maternal, newborn and child health services.⁶

In Bangladesh, the unmet need of contraceptives remain still high among the reproductive women. The unmet need has declined from 22 percent in 1994; 15 percent in 2004 to 17 percent in 2007.⁷ Unmet need decreased to 14 percent in 2011.⁷ Unmet need for contraceptives in Bangladesh has decreased from 14 percent in 2011 to 12 percent in 2014.^{7,8} The Health Population Nutrition Sector Development Programme (HPNSDP) has set as a target reducing unmet need for contraceptive services to 9 percent by 2016.⁹

Unmet needs of contraceptives have multiple disadvantages for both the individual and society, it is necessary for the governments to come up with strategies, which can reduce unmet needs.¹⁰ For reducing, the unmet there should be proper understanding if different covariates associated with unmet need.¹¹ Maximum of the studies on unmet need of

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contraceptives in Bangladesh focuses upon the rural settings at individual and household level. Therefore, this study was undertaken with an objective to assess the unmet need of contraceptives among the married women of reproductive age group in a coastal area.

MATERIALS AND METHODS

Study design and settings:

This cross-sectional study was carried out to determine the prevalence of unmet need for contraceptives among the married women of reproductive age living in a coastal area of Assasuni Upazila under Satkhira District of Bangladesh. The study was conducted during the period from January to December 2016.

Participants:

All currently married reproductive age (15-49 years) women who were living in Assasuni Upazila were included in this study. The criteria for exclusion were: Women not yet sexually active aged 15-49 years, women from another area and women of childbearing age who were mentally incapacitated. In each household, all eligible and consenting participants were enrolled into the study.

Sample size and sampling: The sample size calculation was performed considering a confidence level of 95%, $Z = 1.96$, $d = 0.05$, prevalence of the unmet need of family planning 12%⁸, and by using the formula $n = [Z^2pq/d^2]$, the sample size was calculated as 163. A total of 222 eligible woman were included in the study.

Statistical analysis:

The study data were collected, checked, edited for consistency, processed and analyzed generally by means of SPSS program version 20.0. Data was summarized using frequency tables, means, and standard deviations.

Ethical issues:

Ethical clearance was granted by the Institutional Review Board (IRB) of the National Institute of Preventive & Social Medicine (NIPSOM), Dhaka, Bangladesh. Informed consent was granted by the participants before commencing the study.

RESULTS

Two hundred and twenty two married women in reproductive age group were interviewed. The mean age and age at marriage were 27.9 ± 6.2 , 16.2 ± 2.3 years, respectively. About 85.0% were educated up to high school or above; 15.3 per cent were illiterate. On the contrary, 20.7 percent husbands were illiterate; and about 42.0% were involved in business and day labour. Maximum (85.0%) women were

housewives and around 51.0% were from nuclear families. The average (\pm SD) monthly income was 7427.9 ± 5924.0 Taka in which more than one third of the respondents had a monthly income below 5000 Taka [Table I].

Table- I: Socio-demographic variable of the study sample (n= 222)

Characteristics	n	%
Age group (years)		
≤20	36	16.2
21 to 25	58	26.1
26 to 30	53	23.9
≥ 31	75	33.8
Mean (age) ± SD	27.9 ± 6.2	
Age at marriage (years)		
≤14	51	23.0
15 to 17	102	45.9
18 to 20	62	27.9
≥ 21	7	3.2
Mean (age at marriage) ± SD	16.2 ± 2.3	
Educational status		
Illiterate	34	15.3
Literate	188	84.7
Husband's education		
Illiterate	46	20.7
Literate	176	79.3
Occupation		
Housewives	190	85.6
Not-housewives	32	14.4
Husbands' occupation		
Day-labour	94	42.3
Business	93	41.9
Service	23	10.4
Others	12	5.4
Family type		
Nuclear family	113	50.9
Joint family	109	49.1
Monthly family income (taka)		
<5000	60	27.0
5000-10000	134	60.4
>10000	28	12.6
Mean (income) ± SD	7427.9 ± 5924.0	

Regarding pregnancy and past obstetric history, 5.4% of women gave a history of current of pregnancy. However, about 3.6% respondents were never pregnant, while 31.1% experienced pregnancy once, 39.6% twice and another one-fourth experienced more than two pregnancies [Table II].

Table II: Pregnancy and past obstetric history of the study participants

Variable	n	%
Current pregnancy		
Yes	12	5.4
No	210	94.6
Frequency of past pregnancies		
Never pregnant	8	3.6
Once	69	31.1
Twice	88	39.6
> 2 times	57	25.7
Outcome of last pregnancy		
Live-birth	199	93.2
Still-birth	6	2.7
Neonatal death	3	1.4
MR/abortion	6	2.7

Out of the 222 respondents, 80.2% of respondents stated clearly that they are currently using contraceptive methods and most commonly used method was oral pill (41.4%) followed by condom (17.6%). Currently a handful of respondents (20%) are not using any modern contraceptive methods. The main reasons for not using contraception among coastal women are shown in the Table III. Husband's opposition the use of contraceptive to wife (6%) was the leading reason cited by coastal women. Among the coastal women 5% did not the use of any contraceptive and was not aware about any method of contraception [Table III].

Table III: Utilization of contraceptives among the study respondents

Variable	n	%
Currently using contraceptives methods (n=222)		
Yes	178	80.2
No	44	19.8
Types of contraceptives methods currently in use (n=178)		
Calendar/rhythm	17	7.7
OCP	92	41.4
Condom	39	17.6
Sub-dermal implant	6	2.7
Injectable	8	3.6
Permanent	13	5.8
Others	3	1.4
Main reasons for not using contraceptives (n=44)		
Not aware	11	5.0
Husband's Opposition	14	6.3
Opposition from other family member	3	1.3
No menstruation after last child birth	2	0.9
Want child	2	0.9
Currently pregnant	12	5.4

Unmet need for family planning in this study group was 13.5% which depicted in the figure -1. The main cause for not to use were husbands and family members oppose [Figure 1].

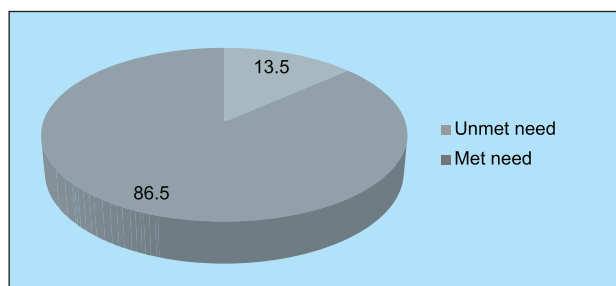


Figure 1: Unmet need for family planning among the study group

DISCUSSION

The present study was conducted to estimate the proportion of women who are not practicing contraception but need to use. Findings indicate that nearly 14% of the married women of reproductive age have an unmet need for family planning in a coastal area.

Out of 222 women of reproductive age group, 80.0% couples were using contraceptives. The most popular contraceptive method was the pills (41%) followed by about 18% condoms and about 6% permanent methods. This is similarly reported by other studies conducted by Ferdousi et al.¹² and Kandel¹³ and may be probably due to the fact that it is effective and reliable and more advertised among young unmarried women which constitute the bulk of the respondents in this study. In BDHS surveys, overall 62% of currently married Bangladeshi women age 15-49 were found currently using a contraceptive method of which 54% used modern methods⁸. The pill is by far the most widely used method (27%), followed by injectable (12%). Among the married women 8% of them currently use a long-acting or permanent method such as female sterilization, implants, and IUDs. Traditional methods are used by 8% of women, of which the majority (6%) use periodic abstinence.⁸

The present study found about 14% unmet need for family planning, which is much higher than the national figures.^{7,8} According to Bangladesh Demographic and Health Survey, unmet need decreased from 14% in 2011 to 12% in 2014.^{8,9} However, it is inconsistent with previous research findings from Bangladesh.^{10,12}

The study attempted to investigate the reason of unmet need for family planning among 222 women who had an intention

to use any method but in reality they were not using the same. Many studies, including the present one have also revealed that apart from the external influences at the socio-cultural and policy levels that affect a women's contraceptive behavior, factors influencing the unmet contraceptive need vary at the individual as well as the regional level and are of practical significance in the light of policy implications.^{14,15}

CONCLUSIONS

To sum up it can be said that the contraceptive usage and unmet need remain substantially high among coastal women in Bangladesh. More emphasis is required among the women who are younger and highly productive, residing in the rural and geographically inaccessible areas, where the issue of unmet needs was higher. It is important to focus on the high unmet need for family planning and contraceptives among coastal women in Bangladesh, with an inclusive policy focusing on its poorest section.

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