

Original Article

Unmet Need for Family Planning among Married Women: Experience from Rural and Urban Communities

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Abstract :

Unmet need for family planning is the key indicator to achieve Millennium Development Goal by the year 2015. Bangladesh Government has a great success in family planning sector but population has almost doubled in recent years. This study was carried out among married women to compare the determinants of unmet need for family planning among rural and urban communities during the period from July 2010 to June 2011. Unmet need for family planning in rural community was found 18(12%) and in urban community it was 38(25.3%). Among rural women unmet need for limiter was 13(8.6%) and spacer was 5(3.4%) while limiter 29(19.4%) and spacer 9(5.9%) found among urban women. Mean age at marriage was found 17.97(SD±2.66) years and mean age at first child birth was 19.91(SD±2.71) years among rural women. Among urban women mean age at marriage was found 20.43(SD±4.08) years and mean age at first child birth was 22.55(SD±4.3) years. Current contraceptive users among rural women was 79(52.7%) while it was 61(40.7%) among urban women. In this study, association between unmet need for family planning and freedom of choice of contraceptives was highly significant (p=0.001). To increase contraceptive prevalence rate and reduction of unplanned pregnancy, more emphasis should be given on unmet need for family planning.

Key words: unmet need, family planning, married women.

Introduction :

Family planning is an effective way of controlling fertility, highly cost effective in decreasing maternal and child health burden of disease. An estimated 150 million married women in the developing world want to delay or stop child bearing and are not using contraception¹. Unmet need for family planning refers

to the condition of wanting to avoid or postpone childbearing but not using any method of contraception. High incidence of unintended pregnancies that are reported that justifies the focus on unmet need².

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In South Asian countries nearly 41 million women like to postpone their next birth for more years or to stop child bearing, but are not using contraception. In developing countries, over 100 million women who are married have unmet need for spacing or limiting birth³. Seventeen percent of married women have an unmet need for family planning, an increase from 11 percent in 2004 in Bangladesh⁴.

Everyday more than 400,000 conceptions takes place around the world almost half are deliberate, happy decisions but half are unintended and many of these are bitterly regretted⁵. Urban-rural residence and education are basic socio-economic variables with well documented effects on fertility and contraceptive use. Eighty percent of sample population resides in rural areas⁶. Most of the women who reported unmet need, 92 percent are found in the rural area⁷. Inadequate attention to alarmingly rising population and its deleterious effect on developmental effort led us to a disastrous situation⁸.

National family planning programme have proved effective in reducing fertility and making progress population stabilization. No contraindication need to exist between respect for reproductive right and strong advocacy need for small families and for mass adoption of contraceptive methods⁹.

Materials and Methods:

This mixed model study was conducted among married women in both rural and urban community. The study places were selected purposively. Village Chuariakhola under Kaligonj upazilla, is forty kilometer North-East from Dhaka city located near the bank of river Sitalokkha. The total population of the village were 7108 and 1781 married couples lived in Chuariakhola. According to Bangladesh Demographic and Health Survey, 2007 the number of households were 1114. Uttara Model Town is under zone 10 in Dhaka city corporation had a single ward and fourteen sectors with the total population of 1,45885 and number of households were 8067. The whole study was conducted during the period between July 2010 to June 2011. Systematic random sampling technique was used to select 300 married women as per inclusion criteria. Sample size was calculated by using formula $n = z^2 pq/d^2$ by taking prevalence rate of unmet need for family planning 17.6%. Here z , 95% confidence interval=1.96, d , acceptable margin of error=0.05. The sample was adjusted to compensate rate for non response rate 10% and design effect, total sample size was 490. Due to time and financial constrain, sample size 300 was taken which was divided into 150 married women in each area.

A pre-tested semi-structured interview questionnaire prepared in Bangla was used for quantitative part and Focus group discussions were done for qualitative part of the study. The discussion was focused on some given issues to explore ideas and to obtain in depth information about how the participants thought about the issues. Data were analyzed by SPSS program version 17.

Focus group discussion: Five FGD were conducted among homogenous population, according to specific variables (age, sex, education, occupation). Total numbers of respondents were 40. Duration of one FGD was one and half hours.

Table I: Distribution of the respondents by Socio-economic characteristics. (n=300)

Results:

Age group	Rural		Urban	
	Frequency	Percent	Frequency	Percent
20 years	20	13.3	5	3.3
21-25 years	38	25.3	19	12.7
26-30 years	51	34.0	36	24.0
31-35 years	26	17.3	48	32.0
>35 years	15	10.0	42	28.0

Education

No formal education	17	11.3	1	0.7
Primary	20	13.3	2	1.3
Secondary	58	38.7	24	16.0
HSC	38	25.3	20	13.3
Graduation	15	10.0	102	68.0
Others	2	1.3	1	0.7

Occupation

House wife	120	80.0	61	40.7
Day laborer	6	4.0	4	2.7
Govt. Service	1	0.7	1	0.7
Private Service	7	4.7	65	43.3
NGO worker	7	4.7	12	8.0
Student	8	5.3	6	4.0
Business	1	.7	1	.7

Monthly income

10000	99	66.0	17	11.3
10001-20000	42	28.0	11	7.3
20001-30000	5	3.3	10	6.7
30001-40000	1	0.7		6.0
40001-50000	-	-	18	12.0
>50000	3	2.0	85	56.7
Total	150	100.0	150	100.0

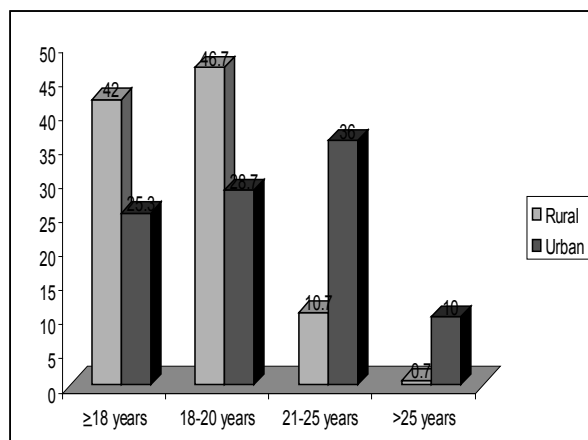


Figure -1: Distribution of the respondents by age at marriage

Table-II: Distribution of the respondents by their age at 1st child birth.

Age at 1st child Birth	Rural		Urban	
	Frequency	Percent	Frequency	Percent
<18 years	22	16.1	15	11.8
18 -20 years	65	47.4	30	23.6
>20 years	50	36.5	82	64.6
Total	137	100.0	127	100.0

Table-III: Distribution of the respondents by number of living child.

No. of living child	Rural		Urban	
	Frequency	Percent	Frequency	Percent
1	63	47.0	53	42.1
2	48	35.8	56	44.4
≥ 3	24	17.1	16	13.5
Total	135	100.0	125	100.0

Table-IV: Distribution of the respondents by fertility preference.

Fertility preference	Rural		Urban	
	Frequency	Percent	Frequency	Percent
Want Soon	16	10.7	5	3.3
Want no more	77	51.3	89	59.3
Want later	21	14.0	27	18.0
Depends on husbands decision	24	16.0	13	8.7
Depends on God	11	7.3	15	10.0
Others	1	0.7	1	0.7
Total	150	100.0	150	100.0

Table-V: Distribution of the respondents by their level of satisfaction of contraceptive use.

Satisfaction of contraceptive use	Rural		Urban	
	Frequency	Percent	Frequency	Percent
Strongly dissatisfied	2	1.8	1	1.0
Dissatisfied	11	10.0	13	13.1
Neither satisfied nor dissatisfied	33	30.0	37	37.4
Satisfied	50	45.5	42	42.4
Strongly satisfied	14	12.7	6	6.1
Total	110	100.0	99	100.0

Table-VI: Distribution of the respondents by their future intention to use contraceptive.

Future intention to use contraceptive	Rural		Urban	
	Frequency	Percent	Frequency	Percent
Intend to use	104	69.3	93	62.0
Does not intend	19	12.7	49	32.7
Don't know/unsure	27	18.0	8	5.3
Total	150	100.0	150	100.0

Table-VII: Distribution of the respondents by unmet need for family planning.

Unmet need for family planning	Rural		Urban	
	Frequency	Percent	Frequency	Percent
Limiter	13	8.6	29	19.4
Spacer	5	3.4	9	5.9
Total	18	12.0	38	25.3

Among rural respondents, 34% were found within 26-30 years age group, 80% of the respondents were housewives and 38.7% had secondary education. Among urban respondents, 32% were found within age group 31-35 years, 68% were graduate and only 40.7% were housewives (Table I). It was found that 42% of rural women got married under the age of 18 years while it was 26.3% among urban women. Mean age at marriage was 17.9(SD±2.66) years among rural women and 20.43(SD±4.08) years in case of urban women as illustrated in Fig 1.

Almost half (47.4%) of rural women gave their first child birth within 18-20 years. But among 64.6% of urban women it was more than 20 years. Mean age at first child birth was 19.91(6.6%) (SD±2.711) years in rural and 22.55(SD±4.3) years among urban women which was slightly higher (Table II). Mean number of living children in rural respondents was 1.72(SD±0.808) and 1.73(SD±0.742) among urban respondents (Table III).

Out of 300 married women, 51.3% of rural and 59.3% of urban women want no more children in future (Table IV). It was revealed that 45.5% rural women were satisfied with their contraceptive use while it was 42.4% among urban women (Table V). On the other hand, 69.3% of rural women had future intention to use contraceptive but 32.7% of urban women were non-intender of contraceptives (Table VI). Among rural women unmet need for limiter was 13(8.6%) and spacer was 5(3.4%) while 29(19.4%) limiter and 9(5.9%) spacer found among urban women (Table VII).

Discussions:

In this study, 58(38.7%) of rural women had secondary education. Our national statistics is 6.3% of primary complete education among females both for urban and rural area⁴. The most important thing is that about 26% of girls were getting married before 15 years, though the legal age at marriage is 18 years in Bangladesh. Still 80% of Bangladeshi women marry during adolescence¹⁰. Compulsory sex education can help to empower the girls, which is the most effective strategy to prepare them for late marriage, planned and delayed pregnancy¹¹.

In rural women mean age at first child birth was found 19.91(SD±2.71) years and among urban respondents it was 22.55(SD±4.3) years, early child birth was nearly fifty percent in rural area. Mean number of living children was almost same 1.72(SD±0.80) among both community which was slightly different from national statistics¹¹. Among rural community mean number of living children was static at 2.5 where it was 2.3 among urban community¹².

Total 38% of women of both community want child in future, 10.7% among rural and 3.3% of urban women want child soon. It was found 5.04% in another study¹³. In India it was found that overall women's desire to have two sons were most likely to have accepted contraception¹⁴. In Nepal sex preference decreases contraceptive use by 24% and increases total fertility rate by 6%¹⁵.

Only 6.1% of urban women were strongly satisfied with their contraceptive use. Globally, fear of side effect was the top reason for not using contraceptives among those who have unmet need¹⁶. In this study, intender was 104(69.3%) among rural women which was nearly similar to our National statistics⁴ whereas 93(62%) of non-intender was found in urban women.

Unmet need for family planning found among rural women was 18(12%) among which limiter was 13(8.6%) and spacer 5(3.4%). Among urban women unmet need found was 38(25.3%), limiter was 29(19.4%) and spacer was 9(5.9%). Percentage of limiter was also high in Bangladesh, Nepal and India^{17, 18}.

Conclusion:

This study was carried out among urban and rural communities, though no such difference was found between determinants of unmet need was for family planning among two communities. Although unmet need found satisfactorily low among rural women but there were some other deprived areas where unmet need was high. Among urban married women, main cause of unmet need was side effect of contraceptives and health concern. Though family planning program has remarkable success over the past decade, but still there is unmet need. Limited contraceptive choice, lack of male involvement and poor quality of services were the impediments.

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