

ASSESSMENT OF UNMET NEED FOR CONTRACEPTION IN HEALTH CARE PROVIDERS

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ABSTRACT

Objective: To determine the prevalence of the unmet need for contraception in terms of spacing birth for a sample of married women of reproductive age (15-49 years) working in tertiary care and Identify underlying factors of unmet need for contraception in same age group.

Study Design: Descriptive cross sectional study.

Place and Duration of Study: Armed forces postgraduate medical institute (AFPGMI), from Apr 2018 to Jan 2019.

Methodology: This study was conducted in tertiary care hospital after taking ethical approval from institutional ethical review board. With anticipated Prevalence of unmet need for contraception of 25%, 95% level of confidence and margin of error 0.05, sample size calculated for the study by using Epi info was 317 married women of reproductive age. Two class "A" Military hospitals out of total ten were selected by convenient method. From the selected hospitals, 317 women of reproductive age, sample size collected by non-probability consecutive method. The data was collected through a preformed questionnaire. Data was entered and analyzed through SPSS version 22. Frequency of women with unmet need for contraception was calculated. Mean and Standard deviations were calculated for numerical data like age. Frequencies and percentages for qualitative variables. Chi square test was applied to find out significant difference if existed. A p -value less than 0.05 were taken as significant.

Results: Total 317 women were included in the study having mean age of 26.48 ± 6.25 years. The prevalence of unmet need of contraception for spacing among health care providers in tertiary care hospital was 7.2%. More than half of the respondents (55.8%) in the study had 1-2 alive male issues. Husband or in laws opposition was significantly associated with unmet need of contraception in terms of spacing childbirth ($p \leq 0.001$). Men's awareness raising techniques by reproductive health care providers are likely to improve in existing conditions. In our study the desire for male child was also significantly associated with unmet need for spacing child birth ($p \leq 0.001$). Perception of respondents regarding acceptance of spacing child birth in religion is significantly related with the unmet need for contraception in terms of spacing ($p \leq 0.001$).

Conclusion: The study concluded that the factors associated with unmet of contraception were husband or in laws opposition, non-acceptance of contraceptive use in religion and desire for male child.

Keywords: Contraception, Healthcare providers, Unmet need.

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INTRODUCTION

Pakistan is the sixth most populous country in the globe with an estimated population of 202 million in 2019 having very high total fertility rate. Pakistan experiences a substantial decline in fertility prior to 1990 and thus showed marked decline up till now but still total fertility is high i.e. 3.2 births per women¹. The unmet need for family planning is defined as the proportion of

married women of reproductive age who are not using any method of contraception but would like to postpone the next pregnancy (unmet need for spacing), or who do not want any more children (unmet need for limiting)². Many pregnancies specifically pregnancies characterized as; too early (girls under 18), too many (many births), too late (the age of 35) and too soon (children spaced too closely), unintended, mistimed and unwanted are important public health issues in both developed and developing countries because of their negative association

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with social and health outcomes for both mothers and children³⁻⁵.

Epidemiological study of the unmet need for contraception in Benha city by Soad Darwish El-Gendy on 400 married women revealed that level of unmet need was 30%. Illiteracy was higher for unmet need group 33.3% and percentage of working women was higher among contraceptive users 23.5%. The majority of women with unmet need (75%) believe that contraceptive methods may be harmful and attendance of health education session was very low 11%. The main reasons for never use of family planning methods were current lactation and fear of side effects (33% each) and that of discontinuation were menstrual problems 59.4%⁴. The recent data on unmet need in the Pakistan Demographic and Health survey (PDHS) reveals a contraceptive prevalence rate (CPR) 29.6% in which the use of modern method is only 21.7%. On the demand side 55% of women want to practice family planning; however, the services and programs fail to meet the demand and leave an unmet need of 25%. This includes who want to space out their children as well as those who want to restrict their family size⁶. Data from 18 districts of Pakistan in 2008-2009 indicate that 48% of women are not using contraception in spite of their will due to husband/in laws opposition, 22% due to fear of side effects, in 22% access is the reason, 8% are shy to consult about contraception while 4% have believe that contraception is against religion⁷. Reason for non-utilization in 4% of women was intention to have a son in a study conducted in two districts of Sindh⁸. Study conducted in Ethiopia reasons for non-use of contraception were non availability of family planning method in 4.4%, in 2.4% provider bias, in 1.72% breastfeeding and in 6.4% remoteness of Centre⁹. In 23.2% of the respondents timing of the facility was not convenient in a study conducted in Lesotho¹⁰. Annual growth rate of Pakistan is 2.02%¹¹. Though literature is available on unmet need for contraception and underlying factors for unmet need and birth rate of Pakistan is decreasing but still growth rate is high and

increasing at the rate of 4.5 per year¹². This reflects inefficacy of family planning programs and this study was designed to understand the underlying factors of unmet need for contraception and the characteristics of women with unmet need for contraception in healthcare providers. It will ultimately help family planning programs to design unmet need strategies, to reduce the number of unwanted pregnancies and overall reduction in the birth rate.

To determine the prevalence of the unmet need for contraception in terms of spacing birth for a sample of married women of reproductive age (15-49 years) working the hospital and Identify underlying factors of unmet need for contraception in same age group.

METHODOLOGY

This descriptive cross sectional study was conducted in tertiary care hospital after taking ethical approval from institutional ethical review

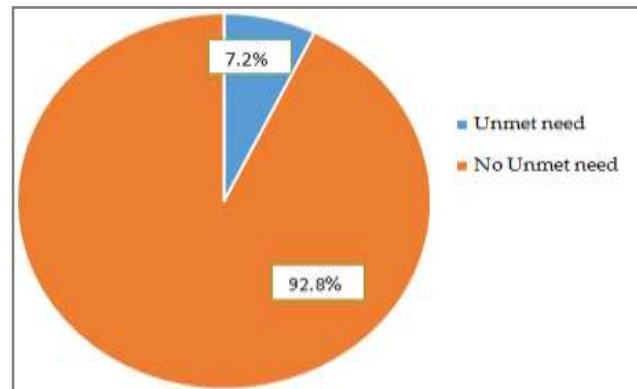


Figure: Unmet need for contraception among respondents.

board of armed forces postgraduate medical institute (AFPGMI) from April 2018 to January 2019. With anticipated Prevalence of unmet need for contraception of 25%, 95% level of confidence and margin of error 0.05, sample size calculated for the study by using Epi info was 317 married women of reproductive age. Tertiary care hospital out of total ten were selected by convenient method. From the selected hospitals, 317 women of reproductive age, sample size collected by non-probability consecutive method. All the married women of reproductive age (15-49 years) who

were neither widowed nor divorced or separated, living with her husband and women having unintended pregnancy were included in the study. Pregnant or amenorrhic women who became pregnant while using a contraceptive method were excluded. The data was collected through a preformed questionnaire. The questionnaire comprises of two portions. First portion contains

male child, desire for big family, fear of side effects, mother in law opposition, husband opposition, religion doesn't allow, time of facility doesn't suit, remoteness of centre, non-availability of staff, non-availability of material for contraception and attitude of staff was calculated. Stratification of data according to age, number of living children, and number of living

Table-I: Sociodemographic characteristics of the respondents.

Variable	Frequency	Percentage
Age		
15-20 years	57	17.8
21-25 years	58	18.2
26-30 years	125	39.4
31-35 years	40	12.5
36-40 years	21	06.6
≥41 years	16	5.50
No. of living children		
1-3	109	34.4
4-6	165	52.1
≥7	43	13.5
No. of living sons		
Nil	63	19.9
1-2	177	55.8
3-4	53	16.7
>4	24	07.6

Table-II: Underlying factors for unmet need of contraception among respondents.

Variable	Unmet need n(%)	No unmet need n(%)	p-value
Husband or in law opposition	14 (60.8%)	56 (19.0%)	<0.001
Non availability of material for contraception	03 (13.0%)	39 (13.3%)	0.974
Fear of side effects	09 (39.1%)	64 (21.8%)	0.56
Shy to consult about contraception	07 (30.4%)	45 (15.3%)	0.059
Religion doesn't allow	15 (65.2%)	80 (27.2%)	<0.001
Desire for male child	17 (73.9%)	79 (26.9%)	<0.001
Currently lactating	08 (34.7%)	17 (05.9%)	0.067
Time of facility does not suit	06 (26.1%)	09 (03.1%)	0.55
Non satisfactory attitude of the staff	05 (21.7%)	32 (10.8%)	0.11

socio-demographic data and the second portion contains study variables. Data was entered and analyzed through SPSS version 22. Frequency of women with unmet need for contraception was calculated. Mean and Standard deviations were calculated for numerical data like age. Frequencies and percentages of probable factors of unmet need for contraception i.e. desire for

sons and duration of marriage. Chi square test was applied to find out significant difference if existed. A *p*-value less than 0.05 was taken as significant.

RESULTS

Total 317 women were included in the study having mean age of 26.48 ± 6.25 years. The pre-

valence of unmet need for contraception among health care providers in 7.2% as shown in figure.

The age distribution of the respondents (n=317) showed that the highest proportion of women were between the ages of 26-30 years, 125 (39.4%), followed by 21-25 years, 58 (18.2%), 15-20 years, 57 (17.8%) and 31-35 years, 40 (12.5%). The proportion above 36 years of age was, 37 (12.1%) (table-I). The data regarding number of living children at the time of interview indicated that the major proportion of respondents (52.1%), n=165 had 4-6 alive children, 34.4% (109) had 1-3 living children and 13.5% (43) women had more or equal to five living children (table-I). The respondent's number of living son data showed that 55.8% (177) women had 1-2 alive son, 19.9% (63) had no alive male issue, 16.7% (53) had 3-4 and 7.6% (24) had more than four sons alive (table-I).

The assessment for underlying factors revealed that husband or in law opposition ($p \leq 0.001$), religion doesn't allow the use of contraception ($p \leq 0.0001$) and desire for male child ($p \leq 0.001$) was significantly associated with unmet need for spacing in health care providers as shown in table-II.

DISCUSSION

Total 317 women were included in the study having mean age of 26.48 ± 6.25 years. The prevalence of unmet need of contraception for spacing among health care providers in was 7.2%. Data from 18 districts of Pakistan in 2008-2009 indicate that 48% of women are not using contraception in spite of their will¹. More than half of the respondents (55.8%) in the study had 1-2 alive male issues similar observations were also made by Pal *et al*¹². The unmet need for contraception in terms of spacing child birth is lower in our study as compared to national and international statistics. This may be due to the fact that current study was conducted to assess the unmet need in health care providers which are educated and have good knowledge about the contraception and know very well about the

importance of small family size and spacing of childbirth.

Husband's approval for family planning is strongly involved in contraceptive use among those women who do not want more children in male-dominated Pakistani society. Our findings revealed the importance of husband in the use of contraceptive and husband or in laws opposition was significantly associated with unmet need of contraception in terms of spacing childbirth ($p \leq 0.001$). The results suggest the need to integrate men in the future. Men's awareness raising techniques by reproductive health care providers are likely to improve in existing conditions¹³. In our study the desire for male child was also significantly associated with unmet need for spacing child birth ($p \leq 0.001$). The acceptance of contraceptive use is of great importance for practicing family planning methods in spacing or limiting childbirth. Our study results showed that the perception of respondents regarding acceptance of spacing child birth in religion is significantly related with the unmet need for contraception in terms of spacing ($p \leq 0.001$). These findings are consistent with the study conducted by Tayyaba *et al.* in religious affiliation was found to be the determinant of non-use of contraception. Such misconceptions can be eliminated by imparting proper education regarding contraception to both husband and wife by conducting awareness programs at community level¹⁴.

CONCLUSION

The study concluded that the factors associated with unmet of contraception were husband or in laws opposition, non-acceptance of contraceptive use in religion and desire for male child.

CONFLICT OF INTEREST

This study has no conflict of interest to be declared by any author.

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