



## **FACTORS DETERMINING THE PATTERN OF UNMET NEED FOR FAMILY PLANNING AMONG MARRIED WOMEN IN JHARKHAND**

**Rajnee Kumari**

Department of Economics, Giridih College, Giridih, VBU (Hazaribag)

*Unmet need for family planning refers to the condition of wanting to, avoid or postpone child bearing but not using any method of contraception. Adaptation and implementation of any voluntary family planning programme by the government of any country wishes to improve the demographic situation at that particular time. Unmet need for spacing include pregnant women whose pregnancy was mistimed; and unmet need for limiting refers to pregnant women whose pregnancy was unwanted in NFHS-III in India. Jharkhand is one of those high alert states where unmet need for family services is as high as its surrounding states like Bihar, Uttar Pradesh, Orissa and Chattisgarh. The main focus of this study is to find out the pattern and differentials of unmet need for family planning among currently married women in Jharkhand with the help of NFHS- II,III, and IV data source. Bi-variate analysis revealed that different factors have been significantly affecting unmet need for spacing, unmet need for limiting separately as well as total unmet need. Total unmet need was found to be significantly associated with age of mother, place of residence, religion and education. The outcome of my work is that Government of Jharkhand should take immediate steps to address the causes of unmet need and analyze the gaps either by the service providers or service acceptors on family planning services. Certain policies and programs should focus on reducing unmet need. Government should have to organize frequently family planning awareness programme at the community level. Then in near future the demographic situation of Jharkhand will change.*

Keywords: Spacing, limiting, NFHS-III, Social groups

### **INTRODUCTION**

The implementation of the first- ever official family planning program in the world by the Government of India in 1952 was a historical stand to improve the demographic situation in India. The program initiated wish to reduce population growth by reducing the fertility and find out the other probable causes of rapid growth. The National Family Health Survey carried out in 1998- 99, 2005- 06, and 2015- 16 have revealed that though the contraception prevalence rate (CPR) has increased from 36% (NFHS-3) to 40% (NFHS-4) despite this unmet need for family planning services is not at appreciable level. The National Population Policy 2000 in addition reiterating the need to stabilize population growth and to reduce the total fertility rate to replacement level by 2018 has accorded priority to fulfill the unmet need for contraception. High fertility levels has adverse implications for individuals, societies and nation as a whole. Quick and substantial reduction in fertility in low sources settings is highly desirable.

Family planning is not only confined to birth control or contraception. It is important as whole for family's economic condition and for better health of mother and child. It highlights the importance of spacing birth, at least 2 years apart from one another. According to Medical Science giving birth within a gap of more than 5 years or less than

2 years has serious health effect both on mother and child. So now the emphasis is on spacing method rather than permanent method for reducing the maternal and child mortality.

Millions of women worldwide prefer to avoid becoming pregnant either right away or never get pregnant, but are not using any contraception. These women are said to have an "unmet need" for Family Planning (FP). The concept of unmet need points to the gap between some women's reproductive intentions and their contraceptive behaviour. If measured accurately it can indicate the potential demand for family planning and the likely impact on fertility if the demand is met effectively. Study of unmet need is necessary because it is a crucial indicator for assessing the future demand for family planning service/supplies. The challenge of FP is to reach and serve these women. Formulation of effective strategies to address these issues depends to a large extent on our understanding of the nature of unmet need and the factor that lead to variation in the extent of unmet need in different population. High role of unmet need is due to lack of knowledge, economical problem, fear of side effects, religious cause, uncooperative husband and illiteracy. So, here the concept likes KAP (women's knowledge of attitudes towards and practice of birth control) - gap came.

The main rationale to study the unmet need of contraction a part of family planning program in Jharkhand is to analyze the gap between demand and supply of family planning services to the couples. Jharkhand with a 33 million population, with a decadal growth rate of 22.4 percent is much above the national level. Merely 1 percent decline in decadal growth rate during 2001- 2011 is serious concern for the state. The total fertility rate has declined from 3.3 percent women to 2.6 percent according to NFHS-4 but still it has not reached the replacement level. The fertility rate in Jharkhand is high due to many socio- economic conditions. The early marriage of girl, preference of son child, illiteracy, poverty and low rate of contraception. About one in four woman and men in Jharkhand want more sons than daughters while only 2-4 percent wants more daughters than sons. Prevalence of teenage motherhood is higher in Jharkhand than in any state. About 28 % of the adolescent has contributed in total fertility. The unmet need is also very high about 18.4% (NFHS-4) in Jharkhand. Keeping in view the above points the present study was conducted to find the pattern and factors responsible for the unmet need.

#### LITERATURE REVIEW

Many studies in part in India and elsewhere have found that women with unmet need for family planning constitute a significant fraction of all married women of reproductive age (Bradely et al., 2012, Ojakao, 2008; Pasha et. al; 2001). Throughout the world an estimated 150 million women's are having unmet need. According to an estimate, more than 100 million sexually active women in developing countries would like to adopt family planning but they are not able to do so. Asia owing to its huge population is region with the greatest number of women with unmet need

of contraception. Kishore (2007) estimated that India has about 31 million of women with unmet need for family planning.

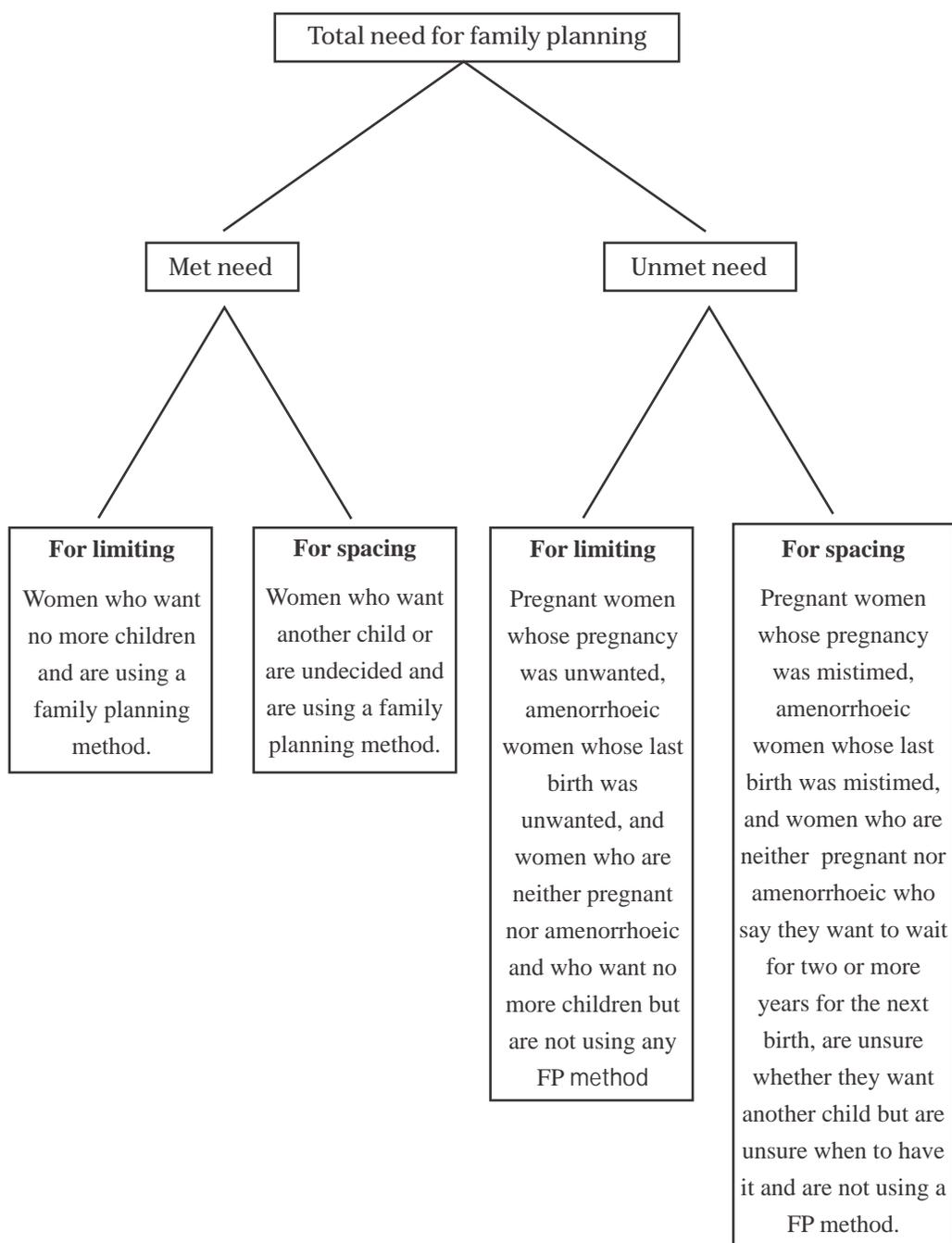
Numerous studies have established clear relationship between women's age and the level of unmet need for both spacing and limiting. Yerpude P.N (2013) in his study on determinants of unmet need for family planning among married women in urban areas found that the unmet need varied with age. It was highest below 30 yrs age group. The reason might be due to insufficient knowledge about contraceptives and less opportunity to participate actively in decision making. Srivastava D K et.al (2011) in his study from Madhya Pradesh also found similar results. Chandhick N et.al (2003) in his study in rural India also found similar results. Kumar C. (1998) in his study from rural Bihar also observed that the use of contraceptives measure was least among the similar age groups (15- 19 yrs). This can be attributed to the fact the young couples do not have sufficient knowledge of various contraceptive methods a valuable or they have fear of side effects of the contraceptive method.

Westoff C.F. et.al. (1995) also stated that within cities the slums or squatter neighborhood were likely to have higher levels to unmet need than elsewhere. Pal A. et.al (2014) in his study from urban slums of Lucknow also found that 53.1% of the married women had an unmet need for family planning. Westoff and Ochoa (1991) also found that the need for spacing begins to decline after age 30, whereas the need for limiting peaks at age (35- 44 yrs).

The socio economic characteristics also influence the unmet need. Pal A (2014) in their study found the association between education and unmet need. It was found a great disparity between the literate and illiterate. Saini N. k et. al. (2007) in his study in Delhi also found similar results. Patil S.S et.al (2010) also found significant association between educational status of the married women and unmet need for family planning. In a study conducted in a tribal block of Maharashtra by Patil S.S et.al. stated the common reasons for unmet need was fear of side effects followed by contraceptive method related problems ( lack of availability and awareness), desire for more children and infrequent sex. In another study conducted in rural south India by Rajrethnam T. the most common reason was sex preference. Among the many factors linked to fertility behavior and outcomes, women's education stands out for its crucial influence on reproductive outcomes ( Bangoats 2003 Dreze and Murthi 2001). When women are educated they are more likely to have a greater degree of control over their reproductive career, particularly with regard to the extent, type and effectiveness of contraceptive use ( Jeilbhoy 1995). Ghosh et.al.in Kolkata observed that 25% of women did not accept contraceptive methods because of concerns about health and side effects.

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Conceptual Framework. Total need for family planning  
Classification of the need for FP



## OBJECTIVES

The objectives of the study can be stated as follow:

1. To find out the pattern of unmet need for family planning in Jharkhand.
2. To assess the determining factors of the differential of unmet need for family planning in Jharkhand.
3. The various factors responsible for the unmet need.

## METHODOLOGY

The data for the analysis of unmet need of family planning in Jharkhand was taken from, all three rounds of National Family Health Survey (NFHS) 1998- 99, 2005- 06 and 2015-16 and DLHS- 3. The survey provide reliable estimate on fertility, impact and childhood mortality, nutritional level, utilization of maternal and child health care services at national level, state level and separately for urban and rural areas. The survey adopted multi- stage sampling design, two stage sampling design remained similar which allow a comparison with the estimates of the consecutive rounds. The NFHS collected data using different interviews schedules- household schedules. In Jharkhand the survey collected information from 2,983 women in NFHS-3 and about 29,046 women in NFHS-4.

## Data Analysis And Findings

Knowledge of contraception is universal in Jharkhand According to NFHS-3 it was found that 98 percent of women and 99 percent of men age 15- 49 yrs knows one or more methods of contraception. But at the same time contraceptive prevalence rate is quite low. This indicates a gap between knowledge and practices of any types of family planning method. The current level of contraceptive use (any modern method) has increased from 25 percent NFHS-2 to 38 percent in NFHS- 4. At the national level the rate of unmet need has declined from 16 percent in NFHS-2 to 13 percent in NFHS-3. In Jharkhand the improvement in unmet need has declined from 21 percent in NFHS-2 to 18.4 percent in NFHS-4. The improvement in unmet need in Jharkhand is about 3 percent is greater than the national level. There is a great variation in the rural and urban areas regarding the unmet need. We cannot blame the service provides as the root cause regarding unmet need but many cultural, religious and ethnicity is responsible for the unmet need. Patriarchal society which treated women as inferior and control women reproductive rights in most cases. In many cases women have no choice other than become pregnant because their husband wants more children. At the same time the son preference mentality leads to higher fertility level and in many cases it continues until son is born. Therefore, the concept like completed fertility come when son is born.

Table 1:- Current Use Of Contraceptive Methods Among Currently Married Women 15- 49 Years According To Residence, Jharkhand 1998- 2016.

Contraceptive method	NFHS-2			NFHS-3			NFHS-4		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Any method	40.2	25.0	27.6	60.0	28.2	35.7	46.7	38.3	40.4
Any modern method	37.5	22.2	24.9	49.3	25.2	31.1	42.5	35.8	37.5
Pill	4.0	0.9	1.5	4.9	3.4	3.8	3.3	2.4	2.6
IUD	0.8	0.2	0.3	1.4	0.4	0.6	1.3	0.9	1.0
Condom	4.6	0.4	1.1	7.9	1.1	2.7	4.5	1.4	2.2
Female sterilization	27.3	19.8	21.1	36.0	19.8	23.4	32.7	30.5	31.1
Male sterilization	0.8	0.9	0.9	0.5	0.3	0.4	0.2	0.2	0.2

According to table 1 the contraceptive prevalence rate in Jharkhand has shown drastic increase from 28% to 40.4% in NFHS-4. Female sterilization is the most popular method of contraception between 1998-2016 there is 10 percent increase in female sterilization but decrease in male sterilization from 0.8 percent to 0.2 percent between the same period. The three spacing method pill, IUD and condom shown negligible rise. Still about 60 percent population of Jharkhand is not using any method of contraception. There is wide variation between the urban and rural. The rural CPR has increased by 10 percent where as the urban CPR has declined by 13percentbetween 2005-16. The disparity between urban and rural was 32 percent in 2005-06 which reduced by 11 percent in 2015-16.

Figure 1 : Currently Married Women And Unmet Need In Jharkhand (in Percent) Nfhs-3 (2005-06)

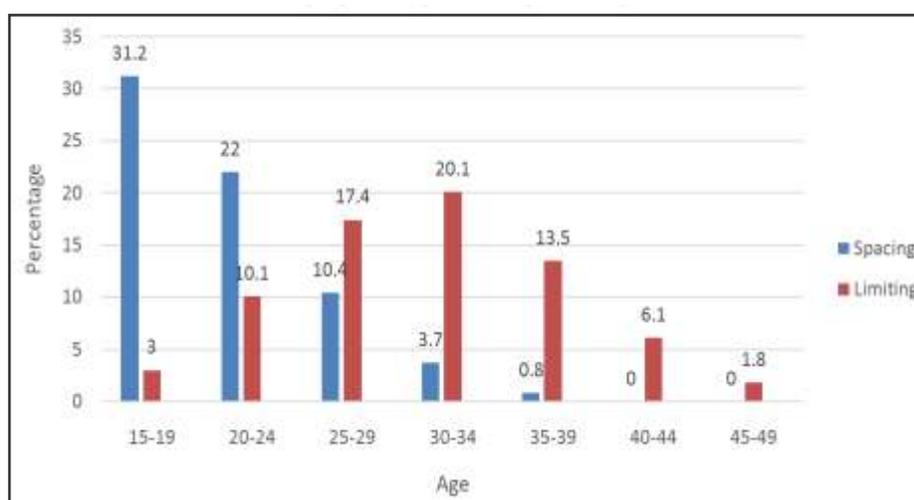
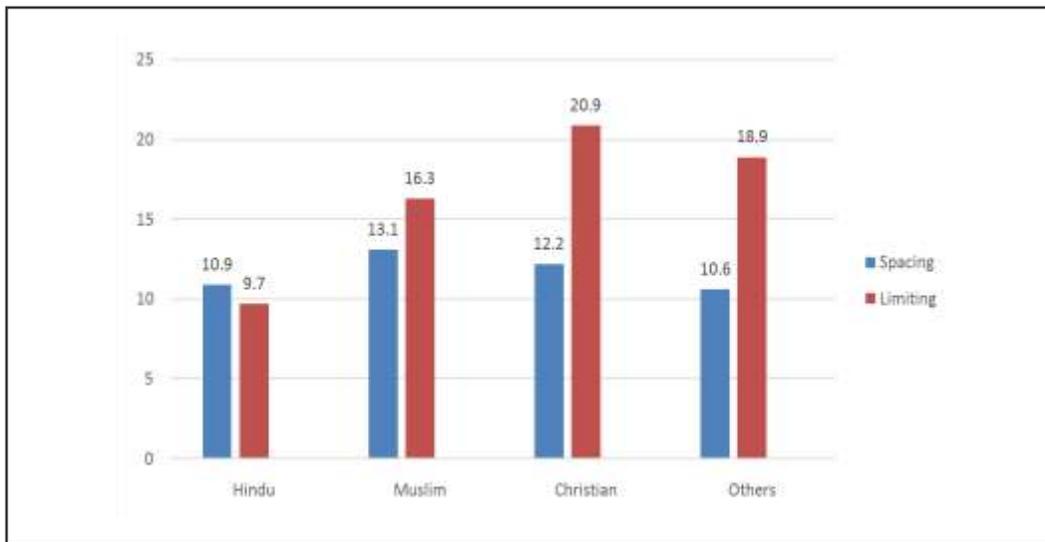


Fig1 shows percentage distributions of currently married women with unmet need. There is a clear relationship between women's age and the level of unmet need for both spacing and limiting. It is because younger woman still want to have more children later. The pattern of unmet need among currently married women in Jharkhand shows that at early age of child bearing unmet need for spacing is higher than limiting. But with the increasing age the pattern of unmet need changes from spacing to limiting. The reason is that at latter age either women had completed the desire fertility or women are not ready to pregnant at the older age due to social constraint. From the figure it is clear that at 15 -19 years the unmet need for spacing is 31 percent and for limiting is only 3 percent while in case of limiting there is increasing trends after 30-34 years. Unmet need is maximum in the age group 15- 19 yrs (34%).

Fig 2 : Unmet Need By Religion In Jharkhand In Percent (nfhs-3)



In fig2 it is seen that among all the social groups the unmet need for limiting is higher than spacing except the Hindus where spacing is slight greater than limiting. Across the social group Christians have higher total unmet need than compare to other social group. The gap between the spacing (12.2%) and limiting (21%) is higher in Christians followed by the other group. Whereas the gap between the spacing and limiting is much narrow in Hindu.

Fig 3 : Unmet Need By Place Of Residence In Jharkhand In Percent (nfhs-3)

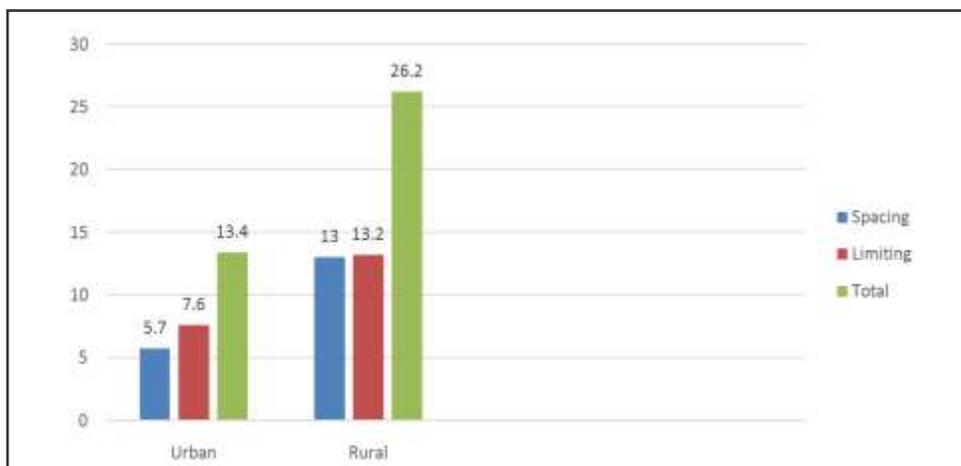


Figure 3 the location factors play a crucial role in case of success of any programs. In fig.3 the urban rural differential in unmet need in Jharkhand is shown. The level of unmet need in rural area is much higher than urban area. In rural area the total unmet need is 26.2 percent the proportion between spacing (13.0%) and limiting (13.2%) is very negligible. The reason for the high unmet need may be the gap between the demand and supply of family planning services, lack of knowledge or may be due to illiteracy and socio religious constrains. The women autonomy may also be the other cause where the reproductive decisions are taken most by the husband. In many cases women complain that they are not ready for pregnant but their partners did not adopt any preventive measures to control fertility. But the difference between rural and urban area is about 50percent in total unmet need. The gap between spacing ( 5.7%) and limiting ( 7.6%) is nearly 2% in urban area whereas the gap is almost parallel for both spacing and limiting in rural area.

Fig 4 : Level Of Education And Unmet Need In Jharkhand In Percent (nfhs-3)

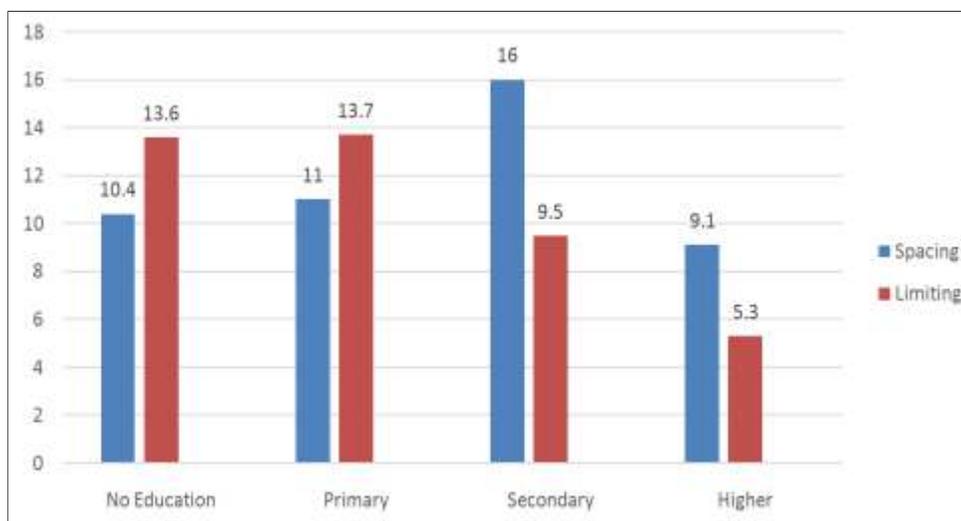
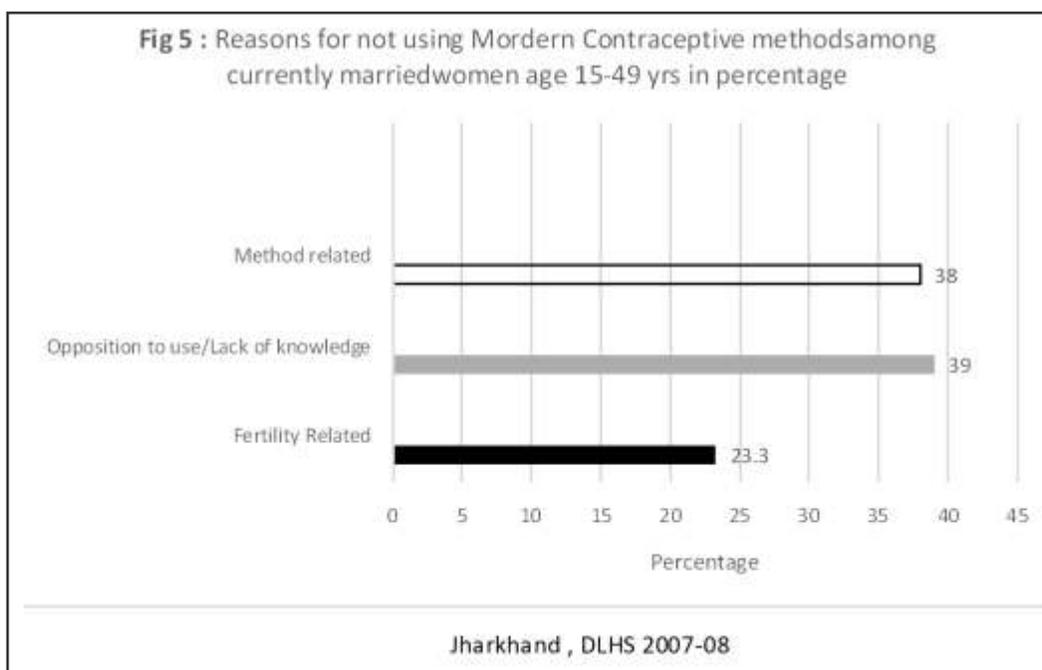


Fig.4 education is considered as "magic butter" to bring socio- economic changes. Education has many multi- dimensional effects on the society and also on the fertility. From the above figure we can infer that with increasing level of education there is decreasing trend in unmet need. The unmet need for limiting is equal to 38 percent for both illiterate and primary educated women. Similar is the case between rural and urban in spacing. But among secondary and higher educated women unmet need for spacing is higher than limiting. The gap between the spacing (16%) and limiting (10%) is high in case of secondary educated women.



Health concerns and fear of side effects are two of the most commonly expressed reasons for non-use and discontinued use contraception. Objections to family planning from their husband are a sufficient reason not to practice contraception despite their desire to do so. In the Jharkhand the opposition to use and lack of knowledge together account for 39 percent which constitute the main reason for non- use, followed by method related (38%) problems. Fertility related problem constitute to 23 percent.. In order to use modern method women must be aware of its existence and they must know how to use the method and where to obtain supplies. It is surprised to know that 11% of non-users are advised to use modern method, 13% of non-users ever received counselling / advised by health workers to adopt family planning. Only 28% DLHS(2007-08) of current users are told about the side- effects of family planning.

#### CONCLUSION

From the above discussion it is clear that Jharkhand is one of the high alert states in unmet need for family planning. But over the time unmet need among currently married women is continuously at declining trends. This indicates the positive efforts of government in providing family planning

services to the needy couples. From the study it concludes that unmet need is high among younger women especially for spacing purposes but at the latter age i.e. after 30 or above the level of unmet need for limiting is much higher. In case of social groups differential Christian have more unmet need as compare to other social groups both total as well as for spacing and limiting. The percentage of total unmet need is high among rural women as compare to urban area. The reason may be family planning service is easily available but lack in counseling and also people are not aware about the family size and child care. The study has shown that most of the needs of adolescent and young women are unmet. Unmet need increases or decreases with the knowledge of mother. Basically the unmet need can decrease if the level of education of mother as well as of husband increases. There is the need to focus the programme on men as well, as they often play an important and dominate role in the decision pertaining to the family size and the use/non-use of family planning methods. Counseling of women for allaying the unfounded fear of side effects of contraceptive methods will increase the acceptance of family planning methods. Counseling between husband and wife for better communication on mutual reproductive health decisions is also necessary. Also action needs to be taken to improve the formal educational status of both men and women. Couples should be motivated for contraception through mass media and by health workers on large scale. Linking Family Planning with MCH (Maternal and Child Health), NGO, and SHGs and at community level will change demographic profile of Jharkhand in coming years.

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