

**ORIGINAL RESEARCH**

# A community based cross sectional study to evaluate contraceptive knowledge amongst women with unmet needs

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**ABSTRACT**

**Aim-** The cross sectional study was conducted for investigating the awareness and understanding of contraceptive methods among women experiencing an unmet need for family planning. **Materials and methods-** The study involved interviewing 100 women living with their husbands. Through a predesigned questionnaire, socio-demographic parameters, awareness of contraceptive methods, and actual contraceptive practices were evaluated. Data analysis was done using SPSS software. **Results-** In the study, when evaluating the number of contraceptive methods known among the participants, the distribution was as follows: 13% of women knew none of the contraceptive methods, 42% were aware of one method, 30% knew two methods, 7% were knowledgeable about three methods, 4% knew four methods, 3% were aware of five methods, and only 1% knew about six contraceptive methods. **Conclusion-** Despite high levels of knowledge on contraception, the persistence of unmet need suggests that deficiencies in knowledge or other factors contribute to this issue, highlighting the importance of further examining the social and cultural determinants of contraceptive use in more detail.

**Keywords-** contraceptive, family, planning

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**INTRODUCTION**

Millions of women globally express a desire to delay or prevent pregnancy but are not using any contraception, indicating an "unmet need" for family planning.<sup>1</sup> This gap between women's reproductive intentions and their contraceptive behavior underscores the importance of identifying and reaching out to these women through family planning programmes.<sup>2</sup>

While efforts are being made to satisfy the family planning needs of women who wish to limit childbearing, there remains a substantial portion of women whose needs for spacing or delaying pregnancies are not met.<sup>3</sup> Factors such as the desire to manage family size and birth spacing play a crucial role in highlighting the importance of addressing the unmet need for contraception among women. Studies have shown that rural areas tend to have a higher unmet need for family planning compared to urban areas, emphasizing the need for targeted interventions to bridge this gap.<sup>4,5</sup> Awareness, accessibility, and addressing misconceptions about contraception are key factors in reducing the unmet need for family planning services among women of reproductive age.

By understanding and addressing these issues, it is possible to improve access to contraception and empower women to make informed decisions about their reproductive health. Hence the aim of the study was to investigate the awareness and understanding of contraceptive methods among women experiencing an unmet need for family planning.

**MATERIAL AND METHODS**

A community based cross sectional study was conducted in field area of Rural Health Training Center, Fatuha, Department of Community Medicine, Patna Medical College & Hospital, Bihar, India to evaluate contraceptive knowledge amongst women with unmet needs.

**Study Design**

This cross sectional study was a community-based qualitative research using focused group discussions.

**Study Population**

The study subjects were married females aged between 18 and 45 years who had been residing in the randomly selected villages, at least for the past 1 year.

**Inclusion Criteria**

- The women in the reproductive age group of 18–45 years who were married.
- Those women who were permanent residents of the study area.

**Exclusion Criteria**

- Those married women who were aged between 18 and 45 years but were either divorced, separated, or widowed at the time of the study.
- Married women who had undergone hysterectomy for any predisposing obstetrics or gynecological conditions

Present study involved interviewing 100 women living with their husbands. Through a predesigned questionnaire, socio-demographic parameters, awareness of contraceptive methods, and actual contraceptive practices were evaluated. Women eligible for the study were those in the reproductive age group and living with their husbands, while those

with medical disorders were excluded. Assessment of knowledge included understanding of oral contraceptive pills, injectables, IUCDs, condoms, tubectomy, vasectomy, and the safe period, while contraceptive practices were determined by the utilization of contraception by either partner. Data analysis was done using SPSS software.

**RESULTS**

In the study, when evaluating the number of contraceptive methods known among the participants, the distribution was as follows: 13% of women knew none of the contraceptive methods, 42% were aware of one method, 30% knew two methods, 7% were knowledgeable about three methods, 4% knew four methods, 3% were aware of five methods, and only 1% knew about six contraceptive methods. This breakdown illustrates the varying levels of awareness and knowledge among the women surveyed regarding different contraceptive options.

**Table1: Knowledge about the number of contraceptive methods in women having unmet need (n=100)**

No.of contraceptive methods known	N	%
0	13	13
1	42	42
2	30	30
3	7	7
4	3	3
5	3	3
6	2	2

Table 1 shows the breakdown of knowledge about the number of contraceptive methods among women with an unmet need, with a total sample size of 100 participants. The data reveals that 13% of women were aware of none of the contraceptive methods,

42% knew about one method, 30% were knowledgeable about two methods, 7% knew about three methods, 3% were informed about four methods, and both 5% knew about five and six contraceptive methods respectively.

**Table 2: Knowledge about the number of contraceptive methods in relation to residence**

No. of contraceptive methods known	Rural		Urban		Total	
	N	%	N	%	N	%
0	8	13.33	5	12.5	13	13
1	25	41.67	17	42.5	42	42
2	19	31.67	11	27.5	30	30
3	4	6.67	3	7.5	7	7
4	1	1.66	2	5	3	3
5	2	3.33	1	2.5	3	3
6	1	1.67	1	2.5	2	2
<b>TOTAL</b>	60	100.0	40	100.0	100	100.0

The table presents the distribution of knowledge about the number of contraceptive methods in relation to the residence of the participants. Among rural participants, 13.33% knew about no contraceptive methods, 41.67% knew about one method, 31.67% knew about two methods, 6.67% knew about three methods, 1.66% knew about four methods, 3.33% knew about five methods, and 1.67% knew about six

methods. For urban participants, 12.5% knew about no contraceptive methods, 42.5% knew about one method, 27.5% knew about two methods, 7.5% knew about three methods, 5% knew about four methods, 2.5% knew about five methods, and 2.5% knew about six methods. The total number of participants was 100, with 60 from rural areas and 40 from urban areas.

**Table 3: Knowledge of the availability of contraceptive methods in women with unmet need**

Knowledge of the availability of contraceptive methods	N	%
FHW	11	11
G.H	21	21
Chemist	36	36
Chemist, FHW	8	8
Chemist, G.H	9	9
Chemist, G.H, FHW	10	10
Dispensary	4	4
No knowledge	1	1

The table 3 shows of the availability of contraceptive methods among women with unmet need. The breakdown is as follows: 11% mentioned Female Health Worker (FHW) as a source of knowledge, 21% indicated knowledge from Government Hospital (G.H), 36% mentioned Chemists, 8% mentioned both Chemist and FHW, 9% mentioned both Chemist and G.H, 10% mentioned knowledge from Chemist, G.H, and FHW, 4% mentioned Dispensary, and only 1% had no knowledge of any contraceptive methods.

## DISCUSSION

Understanding contraceptive knowledge among women with unmet needs is crucial for addressing gaps in reproductive health services and promoting informed decision-making. By examining the levels of awareness and comprehension of contraceptive methods among these demographic, interventions can be tailored to improve access to family planning services, enhance education on contraception, and empower women to take control of their reproductive health and well-being.<sup>6,7</sup>

An in-depth analysis of contraceptive knowledge among women with unmet needs indicated varying levels of awareness and understanding of contraceptive methods within this demographic. The study underscored the critical importance of improving access to comprehensive reproductive health education and services tailored to the specific needs of women with unmet needs, aiming to empower informed decision-making and promote effective family planning strategies for better health outcomes.<sup>7,8</sup>

. Among rural participants, 13.33% knew about no contraceptive methods, 41.67% knew about one method, 31.67% knew about two methods, 6.67% knew about three methods, 1.66% knew about four methods, 3.33% knew about five methods, and 1.67% knew about six methods. For urban participants, 12.5% knew about no contraceptive methods, 42.5% knew about one method, 27.5% knew about two methods, 7.5% knew about three methods, 5% knew about four methods, 2.5% knew about five methods, and 2.5% knew about six methods. The total number of participants was 100, with 60 from rural areas and 40 from urban areas. Bhattathiry MM et al determined the prevalence of “unmet need for FP” and its socio-demographic determinants among married reproductive age group women. The study was a community-based cross-sectional study of married women of the reproductive age group, between 15 and 49 years. The sample size required was 700. The cluster sampling method was adopted. Unmarried, separated, divorced and widows were excluded. The prevalence of unmet need for FP was 39%, with

spacing as 12% and limiting as 27%. The major reason for unmet need for FP among the married group was 18%, for low perceived risk of pregnancy, 9%, feared the side effects of contraception 5% lacked information on contraceptives, 4% had husbands who opposed it and 3% gave medical reasons. Higher education, late marriage, more than the desired family size, poor knowledge of FP, poor informed choice in FP and poor male participation were found to be associated with high unmet need for FP. Unmet need for younger women was spacing of births, whereas for older women, it was a limitation of births.<sup>9</sup> Hailu S et al identified factors associated with unmet need for contraception among young married women in the Haramaya Health and Demographic Surveillance System (HDSS). The overall prevalence of unmet need for contraception was 154 (30.3%). Adolescents (15–19) (AOR = 2.05, 95% CI: 1.16–3.62), husbands' negative attitude toward contraception (AOR = 2.1, 95% CI: 1.05–4.46), and no previous use of contraception (AOR = 3.9, 95% CI: 2.29–6.71) were significantly and positively associated with unmet need for contraception. On the contrary, young women with secondary education or higher (AOR = 0.55, 95% CI: 0.28–1.084) were negatively and significantly associated with unmet need for contraception. The prevalence of unmet need for contraception among young women in Haramaya was high. Unmet need was affected by age, husbands' attitude toward contraceptives, the educational status of women, and previous use of contraception.<sup>10</sup> Sidibé S et al analyzed the individual and contextual factors associated with the unmet need for contraception among adolescent and young women in 2018 in Guinea. The prevalence of total unmet need for contraception was 22.6% (95% CI, 18.1–27.8). Being an adolescent aged 15–19 years (AOR = 1.44; 95% CI, 1.01–2.05), unmarried (AOR = 5.19; 95% CI, 3.51–7.67), having one or two children (AOR = 3.04; 95% CI, 2.18–4.25), or more than two children (AOR = 4.79; 95% CI, 3.00–7.62) were individual factors associated with the unmet need for contraception. As for community factors, only living in Labé (AOR = 2.54; 95% CI, 1.24–5.18) or Mamou

(AOR = 1.73; 95% CI, 1.21–2.48) was significantly associated with the unmet need for contraception. In conclusion, both individual and community characteristics were significantly associated with the unmet need for contraception.<sup>11</sup>

## CONCLUSION

Despite high levels of knowledge on contraception, the persistence of unmet need suggests that deficiencies in knowledge or other factors contribute to this issue, highlighting the importance of further examining the social and cultural determinants of contraceptive use in more detail.

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