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Original Article

Unmet Need of Family Planning among Urban Slum Women in Chattogram

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Abstract

Background: *Unmet need for family planning is a contributory indicator for assessing reproductive health as well as family planning program. Despite targets are achieving more in urban than rural area, Chattogram city possesses the higher rate than others. This study is to determine the factor affecting unmet needs in urban slum of Chattogram.*

Materials and methods: *It was a community based multi-centered descriptive cross sectional study following purposive sampling technique. Total 200 married women were interviewed as per inclusion criteria among 20 urban slums of Chattogram using a semi structure questionnaire from September 2022 to November 2022.*

Results: *Mean age of the respondents was 30.29±7.44 years. Most of the respondents belong to nuclear family 72%. Most of the respondents (49%) had primary level of education and maximum were housewife (73.5%). More than half (56%) of the respondents had 2-5 living child. Although almost all respondents (93.5%) had knowledge about contraception but 139 (69.5%) respondents were using contraceptive methods where OCP (42.5%) was the commonest type followed by injectable contraceptive (22%). However, 3.5% were pregnant, which was intended, 6% were eager to conceive and 1.5% were sterile. Hence unmet need for family planning was 19.5%. Ignorance, non-cooperative husband, religious bar, lack of information, economic constraints, distance of health center from residence were the stated reasons did not allow them to use contraceptives. However, there was no significant association of unmet need with demographic factors like age, education, occupation, family type and number of living children. (p>0.05)*

Conclusion: *Focusing on the narrated factors subject to unmet need odds, the problem could be mitigated by making proper action plan or strategies by stakeholders which ultimately improve the reproductive health and reach the goal of SDG.*

Key words: Reproductive health; Unmet need; Urban slum.

INTRODUCTION

Unwanted pregnancy may result in abortion or unwanted live birth. Abortion may cause long term adverse effects on maternal health including infertility, life-threatening complications and maternal death.[1] On the other hand, unwanted live births not only contribute in increasing the fertility rate of a country but also they are less likely to receive all recommended vaccinations; to be stunted and to die during neonatal, post-neonatal and early childhood periods.[2]

Family planning has clear health benefits, since the prevention of unintended pregnancies results in a subsequent decrease in maternal morbidity and mortality. Contraception allows spacing of pregnancies, delaying pregnancies in young girls

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who are at increased risk of health problems from early childbearing and preventing pregnancies among older women who also face increased risks. Contraception enables women who wish to limit the size of their families to do so. By reducing rates of unintended pregnancies, contraception also reduces the need for unsafe abortion. Contraception is a low-cost and effective way to save lives.[3]

Millions of women worldwide would 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 behavior.[4]

Unmet need for family planning can be influenced by various factors, including lack of access to contraceptives, inadequate knowledge about available methods, cultural or social norms, financial constraints, or lack of support from partners or healthcare providers. Increasing access to and use of modern contraceptive methods can help reduce unmet need for family planning and improve the health and well-being of individuals and families. Therefore, addressing unmet need for family planning is an important component of promoting reproductive health and rights, reducing maternal and child mortality, and achieving sustainable development.

To achieve the Sustainable Development Goal (SDG) regarding Total Fertility Rate (TFR) Bangladesh needs to reduce TFR 2.3 to 2.0 by 2030. Currently, the total unwanted fertility rate is 0.7 and rate of induced abortion was estimated as 29 per 1000 women aged 15-49 in 2014. Moreover, the Contraceptive Prevalence Rate (CPR) is 62.4% in 2014, which has been increased by 17.8% since 1994. On the other hand, unmet need has been decreased to 12% in 2014 from 21.6% in 1994.[5]

Although unmet need is less in urban area but to achieve the deficit of percentage it is necessary to focus on every sector of society. Slum dwellers are the undeniable portion of development. Turning to mega-city proper planning of population is must in resource constraint country like Bangladesh. Hence, our study is to evaluate the unmet needs of family planning among urban slum women in Chittagong.

MATERIALS AND METHODS

This community based multi-centered descriptive cross sectional study carried out at 20 urban slums of Chattogram following purposive sampling technique. From each slum 10 respondents were interviewed to be exact 200 married and sexually active women of reproductive age participated in the study from July to December 2022 after fulfilling the criteria and giving informed consent. A semi structured questionnaire was designed and used for data collection after ethical clearance by IRB of Chattagram Maa-O-Shishu Hospital Medical College (CMOSHMC). Further, data were analyzed by using SPSS (Version 22) software. In data presentation frequency and percentages for all variables were presented by tables, charts, figures and statistical inferences as required.

RESULTS

Regarding socio-demographic profile of the respondents, mean age was 30.29±7.44 years, ranging from 17 to 45 years. About 72% respondents were from nuclear family and 28% were from joint family. Most (73.5%) were homemaker and rest was involved in income generating activities. Monthly mean income was 9030±3817 taka ranging from 4000 taka to 30000 taka maximum.

It was found that about 31.5% of the respondents were not literate, 49% had primary level and rest had completed secondary level of education or above (Table I).

Table I Socio-demographic variables of Respondents

Characteristics	Frequency (n=200)	Percentage (%)
Age (In Years)		
<20	28	14
20-25	34	17
25-30	40	20
30-35	47	23.5
35-40	39	19.5
40-45		
Family type	12	6
Nuclear	144	72
Joint		
Occupation	56	28
Homemaker	147	73.5
Maid	28	14
Garment worker	22	11
Business	3	1.5
Level of education		
Illiterate	63	31.5
Primary	98	49
Secondary	34	17
Higher secondary or more	5	2.5

Regarding information about reproductive health, most (93.5%) of the respondents had the knowledge about contraception. In frequency of gravidity, 112 (56%) respondents had experienced 3-5 conception, 73 (36.5%) had experienced ≤2 conception and 15 (7.5%) had experienced ≥5 conception. Prevalence of contraceptive use was 69.5% i.e. 139 (69.5%) respondents were using contraceptive methods where OCP (42.5%) was the commonest type followed by injectable contraceptive (22%) (Table II).

Table II Information regarding reproductive health

Characteristics	Frequency (n=200)	Percentage (%)
Knowledge about contraception		
Yes	187	93.5
No	13	6.5
Frequency of gravidity		
≤2	73	36.5
3-5	112	56
≥5	15	7.5
Prevalence contraceptive use		
Yes	139	69.5
No	61	30.5
Pattern of contraceptive use		
OCP	85	42.5
Injection	44	22
Condom	21	10.5
Others	26	13

Among 61 (30.5%) non contraceptive user, 7(3.5%) were pregnant which was intended, 12 (6%) were eager to conceive and 3 (1.5%) were sterile. And unmet need for family planning was 39 (19.5%) (Figure 1).

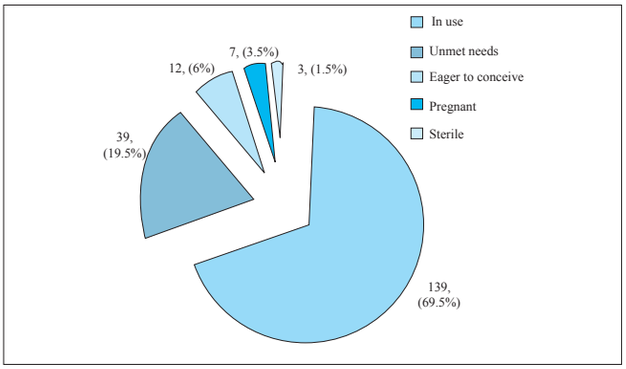

Figure 1 Proportion of unmet need

Among the respondents with unmet contraceptive need, ignorance was the top reason revealed stated by 36 (18%) respondents. In next non cooperative husband (8.5%), religious bar (5.5%), lack of information by family planning worker (4.5%), fear of side effects (3.5%), economic constraints (3%) and distant health care center from residence (2.5%) were the stated reasons including multiple response (Figure 2).

*multiple responses exist

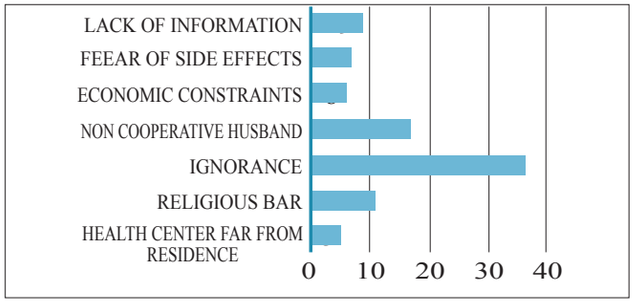

Figure 2 Response to reasons of unmet need

However, we found no significant association of unmet need with demographic factors like age, education, occupation, family type and number of living children. (p>0.05)

Table III Association of unmet need with demographic factors

Variables	Categories	Unmet need Present n=39(%)	Unmet need Absent, n=161 (%)	p value
Age in years	≤30 >30	16 (15.2%) 23 (24.2%)	89 (84.8%) 72 (75.8%)	0.110
Education	Up to Primary Above primary	32 (19.8%) 7 (18.4%)	130 (80.2%) 31 (18.6%)	0.852
Occupation	Homemaker Working women	25 (16.8%) 14 (27.5%)	124 (83.2%) 37 (72.5%)	0.097
Family Type	Nuclear Joint	27 (13.5%) 12 (6%)	120 (60%) 41 (20.5%)	0.501
Living children	≤2 >2	20 (15.9%) 19 (25.7%)	106 (84.1%) 55 (74.3%)	0.091

DISCUSSION

We have tried to evaluate the proportion of women who are not practicing contraception and the unmet needs of family planning and are also at the risk of unwanted pregnancy among eligible married urban slum women in Chattogram.

Among 200 respondents for determining unmet need, we found >80% of them get married after the 20 years of age. In a previous study by Nahar S et al. showed 85.7% were adults[6]. This similarity is probably due to the awareness, discouragement and enforcement of law for early marriage in Bangladesh.

In the present study, proportion of family type shows variation of results than previous study. Joint family has been decreased (28%) to almost half than a study conducted before (49%).[7] This is due to the natural urban-rural variation of lifestyle. The nuclear family has steadily surfaced as the dominant form of residential unit, especially in urban areas.[8] According to the BDHS 2014 data, 66 percent of ever-married women age 15-49 are literate.

Literacy varies by urban-rural residence; 74 percent of urban women are literate, compared with 63 percent of rural women.[5] In the present study we found that the proportion of women having primary level education was almost similar to the (33.6%) the national statistics. This might be due to the increased awareness and motivation about the importance of female education among all level of society due to the opportunities provided by the Bangladesh Government to encourage female education. Monthly income is around 10,000 taka which suggests augmentation than found in previous study.[6] This variation is an indicator of upward socio economic growth of the country. In our study most of the respondents (93.5%) had knowledge about contraceptives. A similar study conducted by Uddin AN et al. in 2019 revealed that 95.27% had knowledge of contraceptive.[7] In another study, Ferdousi SK et al. showed 96.7% respondents had knowledge about

contraceptive methods.[9] A study conducted by Khuda and Howladar in 1998 revealed that knowledge of contraceptive is almost universal among both adolescents and adults in Bangladesh.[10]

We found the frequency of gravidity ≤2 among 36.5% respondents which is close a study findings 41.1% conducted by Nahar S et al.[6] Regarding contraceptive prevalence rate we found similarity of 69.5% with previous studies. In a similar study, Ferdousi SK et al showed the contraceptive prevalence rate was 72.1%.[9] In a recent study by Uddin AN et al. showed 61% respondents were using contraceptive method which is probably due to urban rural variation of study.[7] Most preferred contraceptive methods in our study were OCP (42.5%), injection (22%), barrier methods (10.5%). Almost same type of finding was observed in another study conducted by Uddin AN et al.[7] Easy availability and popularity of these particular methods is responsible factor probably.

In our study unmet need revealed 19.5%. The finding is lower from a recent study conducted by Uddin AN et al in a rural area of Bangladesh where unmet need was 28.541%.[7] Probably this resembles the area variation of the study. However, Ferdousi SK et al. found unmet need of family planning 22.4%, Nahar S et al. showed the unmet need 19.6% and Jahanara and her associates found 26% unmet need in their study.[9,6,11] Although unmet need in previous studies in Bangladesh was found parallel to our result but it cannot be considered acceptable in current time period.

We questioned the respondents to find out the reasons of unmet need for family planning where ignorance comprises 18% followed by non-cooperative husband (8.5%), religious bar (5.5%) lack of information by family planning worker (4.5%) fear of side effects (3.5%) economic constraints (3%) and distant health care center from residence (2.5%) were the stated reasons including multiple response. Previous studies depicts the similar picture of reasons where fear of side effects, religious bar, husbands' non-cooperation, ignorance about method, eager to conceive, not informed by F.P. worker and economic constraints etc. were reported.[7,9,10] So, these are consistent with our study findings.

But, a study of India shows the major reasons for unmet need were 'no preference' to modern contraceptive methods (30.8%), preference to get sterilization soon (21.2%) and fear of side effects (17.3%).[12] Probably the difference is due to regional variation.

However, it may be assumed that a good proportion of these adolescent women who did not specify a particular reason for their unmet need might have belonged to that category where decision about adopting family planning measures came from their husbands or their inlaws. In our study we found no significant association of unmet need of family planning with any demographic factors.

CONCLUSION

Improving access to proper family planning services for all specially people who lag behind is a dire need to overcome the opposing factors. Establishing easy communication system could be helpful to deliver appropriate information. Focusing on the narrated factors subject to unmet need odds, the problem could be mitigated by making proper action plan or strategies by stakeholders which ultimately improve the reproductive health and reach the goal of SDG.

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DISCLOSURE

All the authors declared no competing interest.

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