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Determinants of Unmet Need for Modern Contraceptives in Manipur: An Exploratory Study

Bikash Debbarma[1], RK Kamala[1], Soram Goutam[2], Soubam Christina[2], Brogen Singh Akoijam[3]

[1](Post Graduate student, Community Medicine Dept., Regional Institute of Medical Sciences, India)
[2](Senior Resident, Community Medicine Dept., Regional Institute of Medical Sciences, India)
[3](Prof. & Head, Community Medicine Dept., Regional Institute of Medical Sciences, India)

Abstract:
Introduction: *As per NFHS-4, the unmet need for modern contraception for the women in Manipur was more than double compare to national level (30.1% vs 12.9%). Hence, it is very necessary to understand in depth the determinants of unmet need of modern contraceptives from the point of women of reproductive age group as well as health care providers.*
Materials & methods: *A mixed study was conducted in public health facilities of Imphal west district, Manipur in the month of February, 2020 among reproductive age group and health care providers. Data were collected by In-depth interview (IDI), Focus group discussion (FGD) and using a checklist. Thematic analysis was done for qualitative data and frequency, percentage, mean, SD were used for quantitative data.*
Results: *Total 15 health centre were visited. A total of 41 IDIs and 2 FGDs were conducted. From women's perspective individual/factors (lack of awareness, poor health seeking behaviour, bad experience), poor health service and socio-cultural factors (religious belief, family pressure) were major thematic areas. As per health care provider's view, ignorance among women, false belief, low quality of contraceptives and inadequate supply were the thematic areas generated. 9 out of 15 health centres were not providing satisfactory family planning services.*
Conclusion: *Lack of awareness, false belief and poor health services were main the determinants of unmet need for modern contraceptives. Regular awareness programme, adequate supply of contraceptives and research among spouse and religious leaders are highly recommended to increase the use of contraceptives.*
Keywords*: Unmet need for contraceptives, family planning, health care provider.*

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I. Introduction

Contraceptives are methods that prevent to unwanted pregnancies, to regulate the intervals between the pregnancies. Contraceptive methods are often classified as either modern [barrier methods such as male and female condoms, diaphragm, cervical cap and sponge; hormonal contraceptives that include oral, injectable, transdermal, vaginal ring, and implants; intrauterine device (IUD)] or traditional [rhythm method (periodic abstinence), withdrawal (coitus interruptus), fertility awareness-based methods, the lactational amenorrhoea method and folk methods]. The concept of unmet need for family planning was first explored in 1960s, where data from surveys of contraceptive knowledge, attitude and practices (KAP) showed a gap between some women's reproductive intention and their contraceptive behaviour.[1] WHO defines women with unmet need for contraception as "those who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the birth of their next child". Among the 1.9 billion women of reproductive age group (15-49 years) worldwide in 2019, 1.1 billion have a need for family planning; of these, 842 million are using contraceptive methods, and 270 million have an unmet need for contraception.[2] Modern contraceptive prevalence among married women increased worldwide between 2000 and 2019 by 2.1 percentage points from 55% (95% UI 53.7%–56.3%) to 57.1% (95% UI 54.6%–59.5%).[1] Reasons for this slow increase include: limited choice of methods; limited access to services, particularly among young, poorer and unmarried people; fear or experience of side-effects; cultural or religious opposition; poor quality of available services; users' and providers' bias against some methods; and gender-based barriers to accessing services.[2] According to NFHS-4, the unmet need for family planning in India was 12.9% and Manipur was 30.1%, which was much higher. Unmet need for family planning is higher among women of rural areas than urban areas, women's education and religion (NFHS-4).[3] In Manipur, the total number of married women in reproductive age group is 484,801 (census 2011).[4] In India, contraceptive user was 55% and Manipur with 26.8%. As per NFHS-4, the total fertility rate for India was 2.18% and for Manipur was 2.6%. The Infant mortality rate for

India was 34 while for Manipur, it was 22.[3] The maternal mortality ratio was 130/lakh live births (SRS 2014-16) and for Manipur were 97/lakh live births.[5] In spite of better health indices of Manipur (TFR, IMR, MMR) as compared to the national level, the unmet need for contraception for the women of Manipur was more than double. Unmet need is often portrayed as a problem of access, leaving the perception that women do not use contraceptives because they cannot find or afford them or they have to travel too far to get them. But while access is an issue, women have many other reasons for not using family planning, including personal, cultural, or religious objections, fear of side effects, health concerns, and lack of knowledge.[2] Since unmet need for modern contraceptive rate was very high in Manipur, it is necessary to explore the determinants of unmet need for modern contraceptives in depth from the perspective of women of reproductive age group as well as health care provider.

II. Materials and Methods

An exploratory study (both quantitative and qualitative) study was conducted between January and February, 2020 in public Health Facilities in Imphal West District of Manipur and its catchment areas. There are 2 CHCs, 9 PHCs, 3 UPHCs and 41 PHSCs in Imphal west district. In Manipur, the total population was 2,855,794 and the total population of Imphal West District was 517,992 as per 2011 census and Imphal West District has 18% of the total population. In Manipur, the total number of married women in reproductive age group is 484,801 (census 2011).[4] Study was conducted among health care providers and married women in reproductive age group (15-49 years). Medical officer in charge and one ANM or Staff nurse dealing with family planning services in the facility included in the study. No. of married women of reproductive age group (15-49 years) were included in the study till the saturation point was reached. Those who refused to participate**,** women who separated or divorced or widow**,** woman who had done hysterectomy, woman who was health care provider and HCP who couldn't be contacted even after three visits were excluded from the study. Health centres also checked for adequacy in providing family planning services using a checklist which was prepared following National Quality Assurance (NQAS) guideline.[6] The checklist consist of 35 checkpoints which divided into three domain i.e input (11 checkpoints), process (18 checkpoints) and output (7 checkpoints). In-depth interview also conducted among health care provider (each from health centre). Health centres were also observed for displaying of different services available and registers were checked for record keeping related to family planning services. A score of '0'or '1'or '2' was given against 'non-compliance' or 'partial compliance' or 'full compliance' for any checkpoints. Satisfactory service of a health centre was counted if health centre scored ≥ 70%. Qualitative data were collected by in-depth interview and focus group discussion (FGD) using an interview guide. Mobile voice recorder also used to record whole interview session and FGDs. Eligible married women were interviewed in their house. First, a catchment area between particular health centre and the farthest place was chosen by asking concern Medical Officer in-charge. After reaching the area, Leikai was chosen randomly. In the Leikai, the first household was selected by lottery method. In the household, presence of any married women (15-49 years) was asked. If more than one married woman were present, lottery method was done to select one. Two FGDs were conducted in Naorem Chaprou and Awang Wabagai Leikai which were selected conveniently. Descriptive statistics like frequency, mean, SD and percentage were used to summarize the data. Thematic analysis was done for qualitative data. Data were first transcribed per verbatim (whichever require), then translated into English and back translation into Manipuri language also done to check any inconsistency. Transcribed data were read again and again. Common, important, meaningful, relevant words were noted and codes were given. Then listings of all code words were done. Categorization of common characteristics codes and many minor criteria made. From many minor criteria to few major criteria and themes were generated. Ethical approval was taken from the Research Ethics Board, Imphal with the reference No. A/206/REB/Prop(SP)108/84/ 2020. Informed verbal consent was taken from all the participants. Privacy and confidentiality were maintained. Permission taken from in-charge of health centres.

III. Result

A total of 15 public health facilities were visited. Overall, 41 interviews (20 health care providers and 21 married women) and 2 focus group discussion (17 women) were conducted. Each FGD lasted for 75 minutes. The mean age of the married women and HCPs was 32.1±5.2 and 41.5 ±3.2 years respectively (Table 1 & 2). Only 14 (36%) out of 38 married women and 9 (45%) out of 20 HCPs were had used modern contraceptives (Table 2 & Figure 1). At present, 31 (81.5%) married women were in unmet needs of contraceptives. Women's perspective, three themes generated, namely individual's context, poor service provision and socio-cultural factors. Health care provider's perspective difficulties in service provision, socio-cultural barriers and poor awareness among women were themes identified (Figure 2).

Table 1: Background characteristics of married women (N=38)

Background characteristics	IDI	FGD	Total
Mean age in years (SD)	32±5	32.5±5	32.3±5
Religion: Hindu Meitei Muslim Christian	 11 4 2 4	 9 5 3 0	 20 9 5 4
Occupation: Govt. Employee Self Employed Housewife	 4 3 14	 0 4 13	 4 7 31
Education: Class 10 and below Above class 10	 10 11	 7 10	 10 28

Table 2: Background Characteristics of health care providers (N=20)

Background characteristics	Frequency (%)
Mean age in years (±SD)	41.5±3
Gender Male Female	 5 (25) 15 (75)
Marital status Married Unmarried	 16 (80) 4 (20)
Profession Doctor Staff nurse/ANM	 13 (65) 7 (35)
Duration of service in years (Mean±SD)	12.6±4
Training in Family planning service **1) Yes** ≥ 4 years back < 4 years back **2) No**	 **16(80)** 6(37.5) 10(62.5) **4(20)**
History of use of any contraceptive 1) Yes 2) No	 9(45) 11(55)

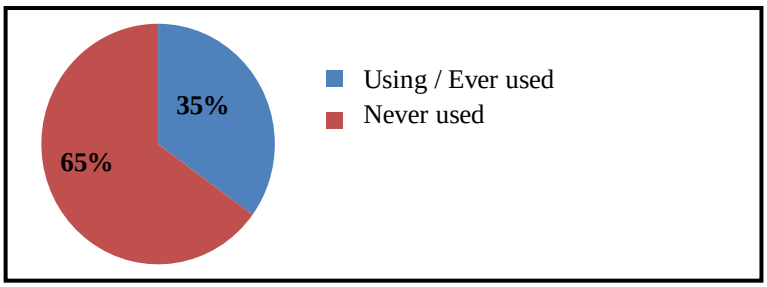

Fig.1: Status of contraceptive use among married women (N=38)

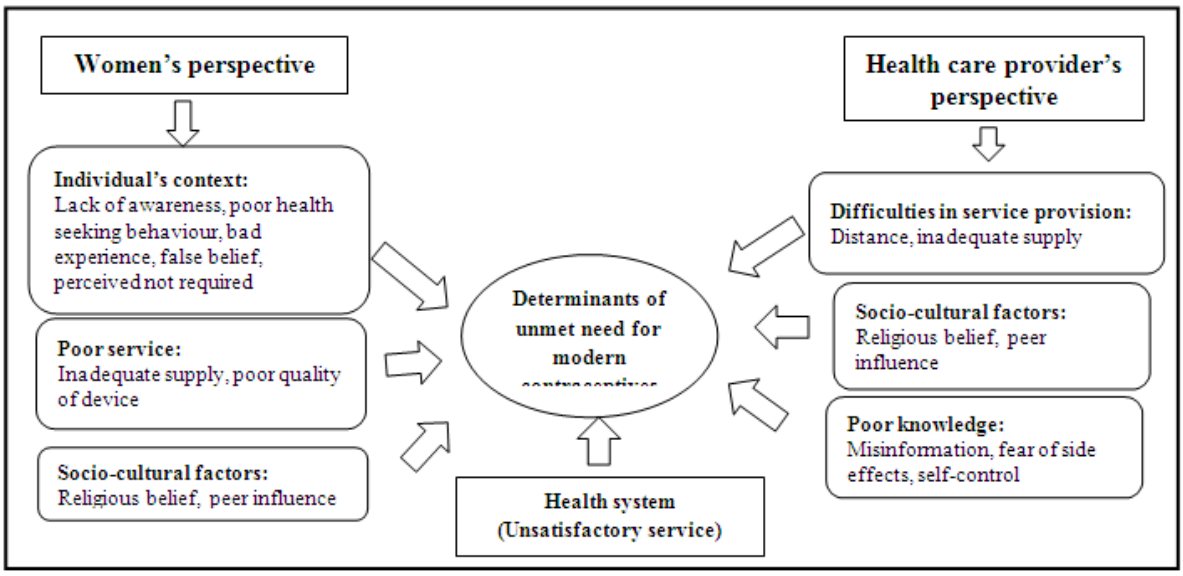

Figure 2: Conceptual framework of 'Determinants of unmet need for modern contraceptives'

Women's perceived **lack of access to information**, bad experience (side effects), perceived not required were main reasons being unmet need for contraceptives. Lack of proper information and misinformation about contraceptives among women were cited majority.

A 38 years women quoted *'Hmm, hardly doctor, ASHA talked about goli (contraceptive)… they just gave me like that and told to take at night… I was confused… what to do?'* **(Interview 2)**

One 32 years women cited regarding **misinformation** about contraceptive *'It may not be suitable for my body…. after using it we may become fat or become thin so I don't like such things …… others also told me like this way… I am scared…'* **(Interview 1)**

Perceived bad experiences among women including side effects also one of the reasons for unmet need. *"In the early days after putting Cu-T, when I used to travel by vehicle, I used to have pain… It hurts when I walk or lift heavy objects…"* **(28 old women, FGD 1).** 'I was taking pill only, but I got pregnant suddenly.. (I don't why), my baby was small.. later it leads to abortion in private hospital.. I scared now .. (smile)… **(37 old women, Interview 7)**

Poor health seeking behaviour among also major reason for being unmet need for contraceptives, as a 30 years woman cited *"I don't want to come and take it, (pause) feel shy a bit …. (smile)….I don't feel like asking also…also I don't feel like using it"* **(Interview 17)**

Socio cultural factors like religious belief, peer influence and false belief also mentioned by many women as one of the reasons for unmet need. *'Our Muslim community, If we use Cu-T we can't perform prayers… I may use pills to keep gap between children but (they) it is said not good for future babies… but Cu-T we cannot use'* **(Participant, FGD 2)**

As per perspective of HCP, **false belief and lack of awareness** were the cause of unmet need for contraceptives.

"They don't want to take OCP because they said that they usually forget to take….. Don't want more problems they said that they are very busy to take the pills. They are afraid they will have many side effects takes this for a long duration…" **(MO, Interview 11)**

"That…uhh the reason would be like people use to say, nah… like if you take Cu-T you'll have this….. and if you take out you'll get cancer…. they use to tell like that" **(MO, Interview 3)**

'Hardly want to take pill as …. And then IUCD toh… don't feel comfortable it seems, they tell 'They sometimes…uh…. But then, there are certain clients that are refusing to take that …get scared usually, … uh.. any contraceptives." **(MO, Interview 8)**

One ANM (Interview 4) also believed that some **cultural beliefs** among Christianity and Muslim religion don't allow impurity in the body. Cited that **'***Umm, I don't know exactly but I heard that Dharma guru used to advised them not take anything, (it seems), its bad thing, you can control… (smile). They hardly attend in our programme.. we find very difficult to convince them also (smile)..'.*

Many women and health care workers also cited about the **poor quality and unavailability of contraceptives** in the health centre for unmet need for contraceptives. "*Many a time, things are not given from higher authority, there was a time when we don't get Mala-N in supply, (they) not available in the store. I don't know what they are doing' … yeah, there was a shortage in supply"* **(MO, Interview 4).**

"Last time ASHA gave Mala-N but it was smelling badly.. I threw it.. I didn't ask anymore .. (laugh) **(31 year old women, Interview 19).**

To identify the determinants of unmet need for modern contraceptives, health centres also assessed for adequacy on family planning services using a checklist which includes input, process and output. Total 15 no. of health centres were visited. A total 9 (60%) out of 15 health centres were not providing satisfactory family planning services (Table 3).

Table 3: Family planning service: Satisfactory Assessment Score (N=15)

Domain	Total Health Centre with Satisfactory FP service score	
	≥70% (Satisfactory)	< 70% (Unsatisfactory)
Input	8	7
Process	7	8
Output	5	10
Total Health Centre	**6 (40%)**	**9 (60%)**

IV. Discussion

This paper has tried to add existing evidence on factors that support or constraint the use of family planning methods and three broad themes were identified as determinants of unmet need for contraceptive use among women from both women's and health care provider's perspective. Themes are individual's illiteracy on contraceptives, socio-cultural barriers and poor service provision. Our study results corroborate with other studies findings.[7,8,9,10] The findings of this study revealed that cultural belief also influenced in use of contraceptives.[10,11] Women's perspective lack of access information to them, poor quality about contraceptives also a barrier which is incorporated with the study conducted in Karachi, Uganda, Bangalore.[9,10,11,12] Inadequate peer and family support also identified as broad theme which was similar to the various study findings.[11,13,14] Myth and false cultural belief were cited by many women who belongs to Muslim and Christian community which was in line with study conducted in Karachi, Delhi, Uganda.[8,14,15] Health care provider also perceived that lack of awareness among women, community influences, inadequate supply of contraceptives were barriers to use contraceptives among those who really in needs. These findings also supported by many study findings.[7,9,11,15,16] when health centres were checked independently for adequacy, it shows that they were not providing satisfactory services which ultimately may will lead to unmet need and this finding was incorporated with many studies again.[14,16]

V. Conclusion

It is one of the few studies where both health care provider and women from the community were involved and same time family planning service assessment also done to relate with all determinants in the health centres of Imphal West district, Manipur. But this study has some limitation as the study does not involved spouse, mothers-in-law and religious leader were not included. This kind of study should be done in other parts of Manipur involving spouse, mother-in-law's as well as religious leaders and community leaders. Adequate staff provision in the health centres, proper counselling, frequent training among health care provider and regular awareness programmes are recommended to increase the use contraceptives. Adequate supply of contraceptives in the health centres should be there.

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