Examining Unmet Need for Family Planning as a tool to Strengthen Reproductive Child Health Services in Orissa, India

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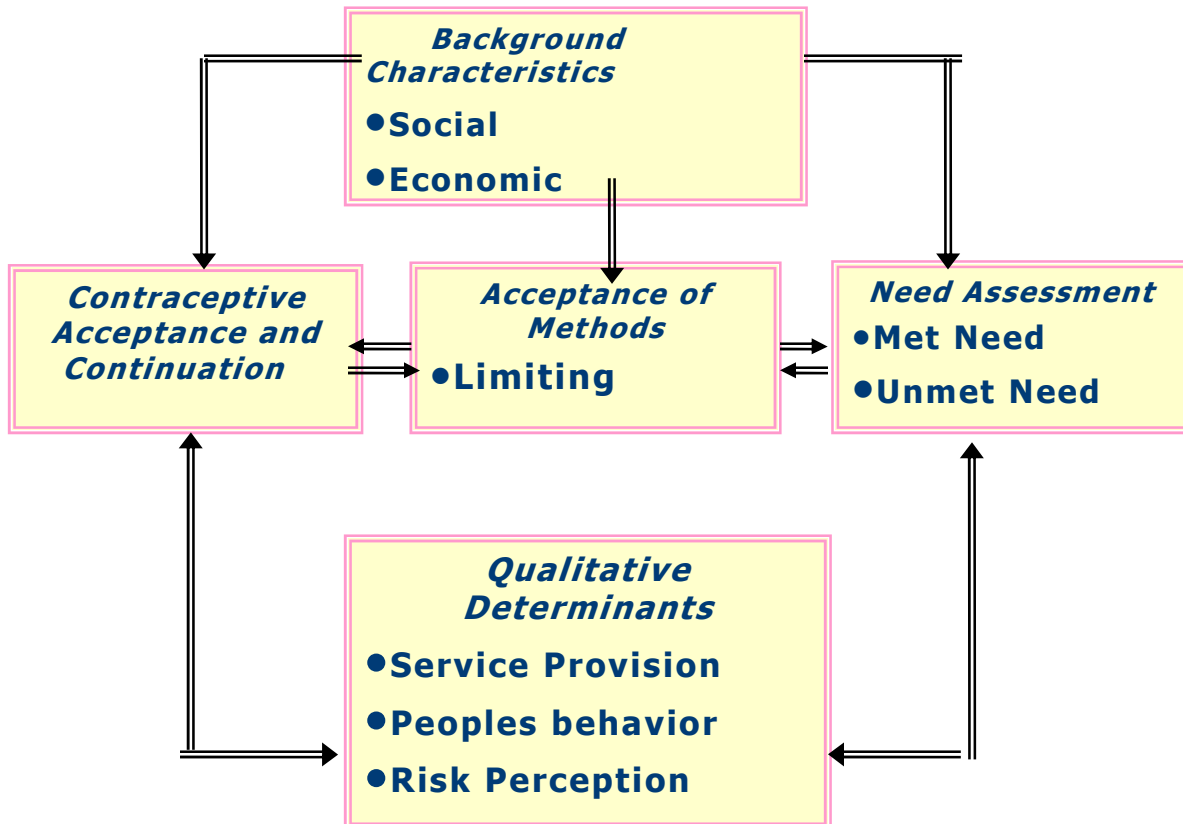State Institute of Health & Family Welfare
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Extended Abstract

Government of India integrated all the health related programmes of the eighth five year Plan under one banner entitled 'Reproductive and Child Health' in the 9th Plan with a view to provide need based, client centered, demand-driven, high quality integrated RCH services to the beneficiaries. The poor reproductive health is the outcome of prevailing unmet need for family planning practices which generates early pregnancies, unintended and unwanted pregnancies, excess fertility (when actual births more than desired fertility), poorly managed maternal and child care, which perpetuates poverty in a vicious cycle manifesting underdevelopment. At the family or household level the reproductive health of the women staggers around her for promoting quality of life by overall outcome of poverty at all sphere of life. But at the same time the shifting of prioritization of Millennium Development Goals (MDG) from

women's family planning and reproductive rights to country level
poverty reduction strategies which are mismatched for the
development in the health sector programmes.

**Conceptual Framework on Acceptance of Family Planning
Methods and Unmet Need**

Background Characteristics

- Social
- Economic

Contraceptive Acceptance and Continuation

Acceptance of Methods

- Limiting

Need Assessment

- Met Need
- Unmet Need

Qualitative Determinants

- Service Provision
- Peoples behavior
- Risk Perception

The economist Amartya Sen's wider concept can be used for
poverty assessment (Sen, 1999). The capacity approach to
poverty can be used on health, education and household
consumption and production. The health, education and per
capita income is the key approach for finding Human

Development Index which leads to quality of life which links between poverty and reproductive health.

Objective of the Study

- To assess the unmet need in Orissa, India, a population that has moderate fertility but high infant and child mortality;

- To examine the regional variation along with the background characteristics of women in the population.

Sources of Data

The study uses data from three rounds of the National family Health Survey (NFHS-1, NFHS-2 & NFHS-3) in Orissa conducted in the year 1992-93, 1998-99 and 2005-06 respectively. The sample sizes were 4461, 4425 and 4540 eligible women.

Methodology

The unmet need is assessed based on fourteen selected variables chosen as per the back-ground characteristics of the women in Orissa. Unmet need (dependant variables) is studied Multinomial logistic regression (m-log) models. GIS has been used to analyze the regional variations in the study variable.

Findings

About two-third (64% of currently married women in NFHS-2) had a need either met on unmet for family planning and 16% of

the currently married women have unmet need (7 percent for limiting and 9 percent of spacing) of family planning. The unmet need decease with increase in age and number of living children. There is a need for the programme to look towards the unmet need of women who are young, of lower parity (1-2 parity), from rural areas, illiterate, from other backward class, non-working and from lower standard of living and those women who have never discussed about family planning with their partners in order to address the unmet need for family planning. As per the recently conducted NFHS-3, in Orissa, the unmet need for spacing is 7% and for limiting it is 8% in Orissa. The unmet need is high for those women having low awareness about RCH services and those women having low standards of living.