Paper

on

Pattern of unmet need for family planning in Uttar Pradesh (INDIA)


BY

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INTRODUCTION:

Adaptation and implementation of any voluntary family planning programmes by Govt. of any countries wishes to improve the demographic situation at that particular time. So the concept and contents of FPP is dynamic in nature which changes over times. It was seen in most of the developing countries where family planning Programmes was initiated by the government wish to reduce population growth by reducing fertility and find out the other probable causes of rapid population growth. At the same time the developed countries which are pronatalist in nature FPP was introduced to promote high fertility so that they came overcame the problem like replacement level fertility. It was seen in most of the pronatalist countries experienced below replacement level fertility. In this case in most of the developing countries use of contraception is a part of family planning. But the use of contraception by couples depends on the demographic characteristic of particular regions. As countries like India, Sri Lanka and Bangladesh use of contraception is basically to reduce fertility along with to protect couples from other infectious diseases at the time of sexual intercourse. In case of most of the African countries where problem of HIV/AIDs or STI or RTI is more common than the problem of high fertility. So in these countries use of contraception means to protect couples and Childs from these epidemics.

So the main rationale to study the unmet need of contraception as the part of family planning programmes in country like India indicates the gaps between demand and supply of family planning services to the couples. If we see the ***"term unmet need"*** it is a kind of negative concept in the sense that govt. are unable to provide FPP services to those who wishes to use but not getting facilities. The reasons may be due to many socio economic factors. So here the concept like KAP (women's knowledge of, attitudes toward, and practice of birth control)-gap came. In most cases a substantial proportion of women who wanted to stop childbearing or delay pregnancy but were not practicing contraception. This discrepancy between reproductive preferences and birth control practices is referred to as the "KAP- gap" or the "unmet need" for contraception, (Bongaart,1991).

In India ***NFHS- III*** classified unmet need of currently married women in to sub set and defined as,

Unmet need for spacing includes pregnant women whose pregnancy was **mistimed**; amenorrhoeic women who are not using family planning and whose last birth was mistimed, or whose last births was unwanted but now say they want more children; and fecund women who

are neither pregnant nor amenorrhoeic, who are not using any method of family planning, and say they want to wait 2 or more years for their next birth. Also included in unmet need for spacing are fecund women who are not using any method of family planning and say they are unsure whether they want another child or who want another child but are unsure when to have the birth.

Unmet need for limiting refers to pregnant women whose pregnancy was **unwanted**; amenorrhoeic women who are not using family planning, whose last child was unwanted and who do not want any more children; and fecund women who are neither pregnant nor amenorrhoeic, who are not using any method of family planning, and who want no more children. Excluded from the unmet need category are pregnant and amenorrhoeic women who became pregnant while using a method (these women are in need of a better method of contraception).

Using for spacing is defined as women who are using some method of family planning and say they want to have another child or are undecided whether to have another.

Using for limiting is defined as women who are using and who want no more children. Note that the specific methods used are not taken into account here.

Nonusers who are pregnant or amenorrhoeic whose pregnancy was the result of a contraceptive failure are not included in the category of unmet need, but are included in total demand for contraception (since they would have been using had their method not failed).

REVIEW OF LITERATURE:

The term unmet need itself indicates a kind of negativity mean to say couple are ready to use any kind of family planning programme but the services are not available or if it is available may not be accessible. There is lots of literature which focused on the probable causes for the higher rate of unmet need and it's impact on the demographic characteristics. In this context the study of **Stan Becker (1999)** the new dimension of unmet need for family planning incorporating the variables like, Husbands or Couples which is quite different from the earlier attempts. This empirical study gave due emphasis on three developing countries based on the data of DHS where level of unmet need for family planning is very high. This study also tried to raise question on the existing family planning in most of the developing countries where men are ignored from family planning programmes and said contraceptive methods are for women, and services have been provided to individual women. In most of the earlier studies only women

are focused for the analysis of unmet need. But in most of the cases it is husbands who decide the reproductive choice of his wife and adoption of family planning. The study came with the result that the family where men are the decision maker of family planning the level of unmet need is very low. On the other hand where both the couple make joint decision unmet need of contraception is very high because in most of the cases services are not provided to the eligible couples. Regarding the intention of use of contraception among men and women the result showed the gap between women and men intention is very high in Zambia followed by Dominican Republic. That indicates a kind of patriarchal societies, where women defer their husband's childbearing desires means risk violence or divorce and may be both.

To evaluate the current unmet need and investigated the economic, socio-cultural, and service-related barriers faced by women in using reproductive health services many steps was taken. A empirical study conducted in Guatemala during 1995-96 by Asturias de Barrios, Mejia de Rodas, and Yinger NV (1997), evaluated and investigated the current economic, socio-cultural, and service-related barriers faced by women in using reproductive health services and regulating their fertility. The present study used a combination of quantitative and qualitative methods, based on survey of total 275 sexually active women of reproductive age living in a depressed peri-urban area in Guatemala. In Qualitative data collection information of 68 women and a small group (10) of their spouses or sex partners was collected. In their analysis, they used the variables like silence and speech for their interpretation of data and found that silence favours large families and no female on fertility control. In contrast, speech encourages the active participation of women in reproductive and family planning decisions. This study also found that education plays a crucial role in case of paradigm of silence and speech among women. But they did not consider which type of education of women means whether it is sex education or family planning education or reproductive education of female. Finally they discovered three main barriers of unmet need for family planning which are fear of side effects, waiting for a change in reproductive cycle, and gender subordination.

There is also another issues regarding unmet need of family planning in many couple as the concept like Knowledge, Accessibility and Practices gap (KAP-gap). In many cases it was seen that couple had prior knowledge but they are not using any kind of contraception either willingly or due to other social or religious constraints. On the other hand it was seen that couple ready to use family planning but may be due to shyness or criticised by the nebeighours. A study conducted in North India regarding fertility behaviours in North India it was seen that the fertility behaviours of the newly married couple are determined by the grand parents or head of

the household. The study also shown that if a newly married women do not pregnant with in 2 years of marriage then women would be criticised severely by grads parents or neighbours Thus even though they willing to use FPP are unable to do so due to social or other factors.

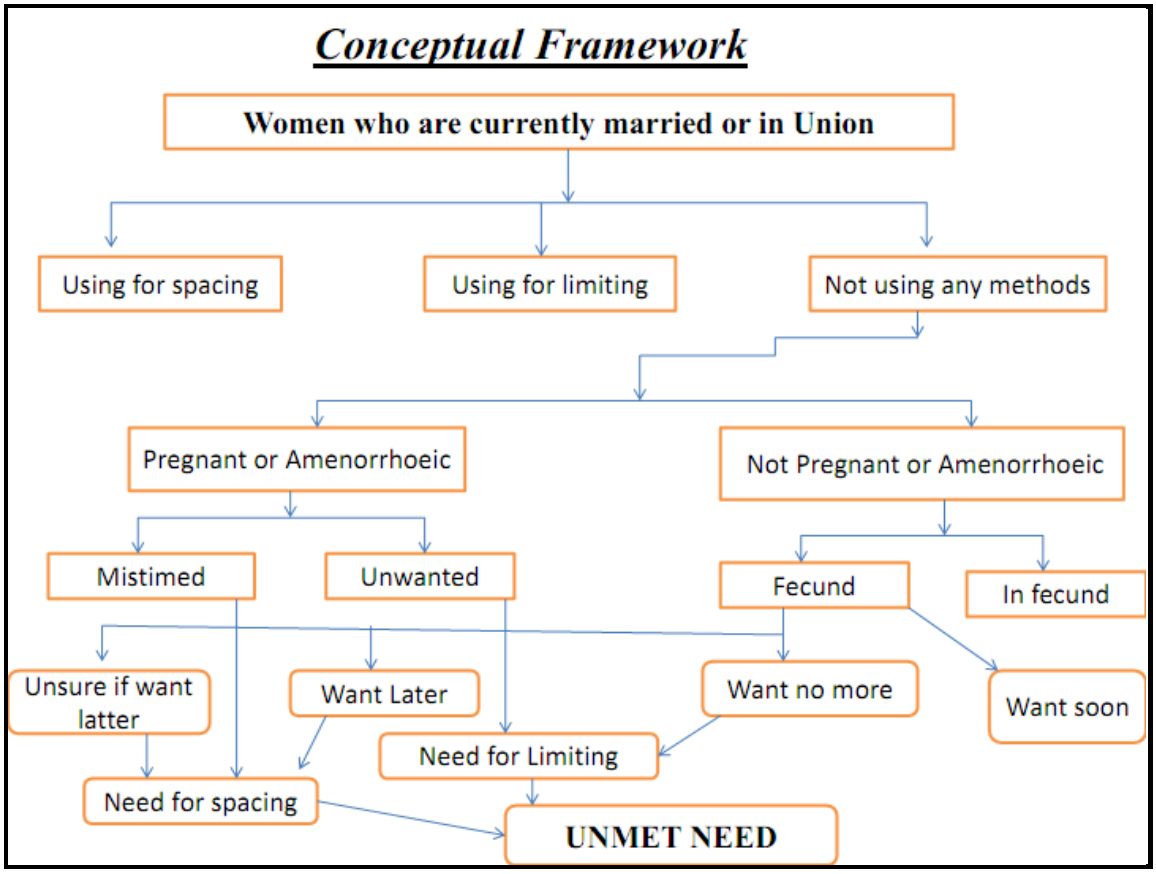
John B. Casterline, Zeba A. Sathar, and Minhaj ul Haque (2001), **i**n this study they tried to apply the concept of KAP-gap theory postulated by Bongaarts and Bruce in 1995, to understanding the determinants of contraceptive behaviour in Pakistan (Punjab province). Their findings are generally consistent with other research conducted in Pakistan during last few decades. This study revealed that man's views toward fertility regulation is undergoing change in Pakistan; with the consensus of economic reasons and as well as for health reasons. There is still gap of communication among couples regarding the information of family planning because till now in many cases husbands are the only sole decision maker of controlling family size and reproductive behaviours of his wives. Finally they came with the suggestion that how to overcome the existing problem as to improve spousal communication about contraception, childbearing, and related issues and to change men's attitudes about the desirability of large families and about contraception. Another study based on the National Family Health Survey II, (1992-93) by P.H Reddy (2003) came out with the same conclusion as concluded by (John B. Casterline, Zeba A. Sathar, and Minhaj ul Haque 2001).

Over the past decade, rising rates of contraceptive use have increased unmet need for family planning in most of the developing countries, Lori Ashford (2003), an empirical study on the DHS data collected from nearly 53 countries. In sub-Saharan Africa levels of unmet need of 20 percent or higher, which is predominantly for spacing (delaying) births rather than for limiting births. In other regions, there is greater unmet need for limiting births. This indicates the regional variation of unmet need based on the demographic situation. It also found that the component of unmet need is different across space. The factors responsible for low unmet need in many African countries are due to their desire for more children. The present study also noticed that there is little gap exists between their childbearing intentions and contraceptive use, with high fertility. Even this study was criticised by many scholar but it provides better picture for unmet need of family planning and policy makers.

Hypothesis:

- Among younger couples, the unmet need for spacing generally exceeds the unmet need of limiting.

- Among the married women with the increasing age unmet need decreases.
- unmet need for limiting and number of living children had positive relation,
- With high fertility, women have low unmet need, because their desire for children is high and therefore little gap exists between their childbearing intentions and contraceptive use.
- Sex of the child play a crucial role for determing unmet need and acceptance of family planning programmes.



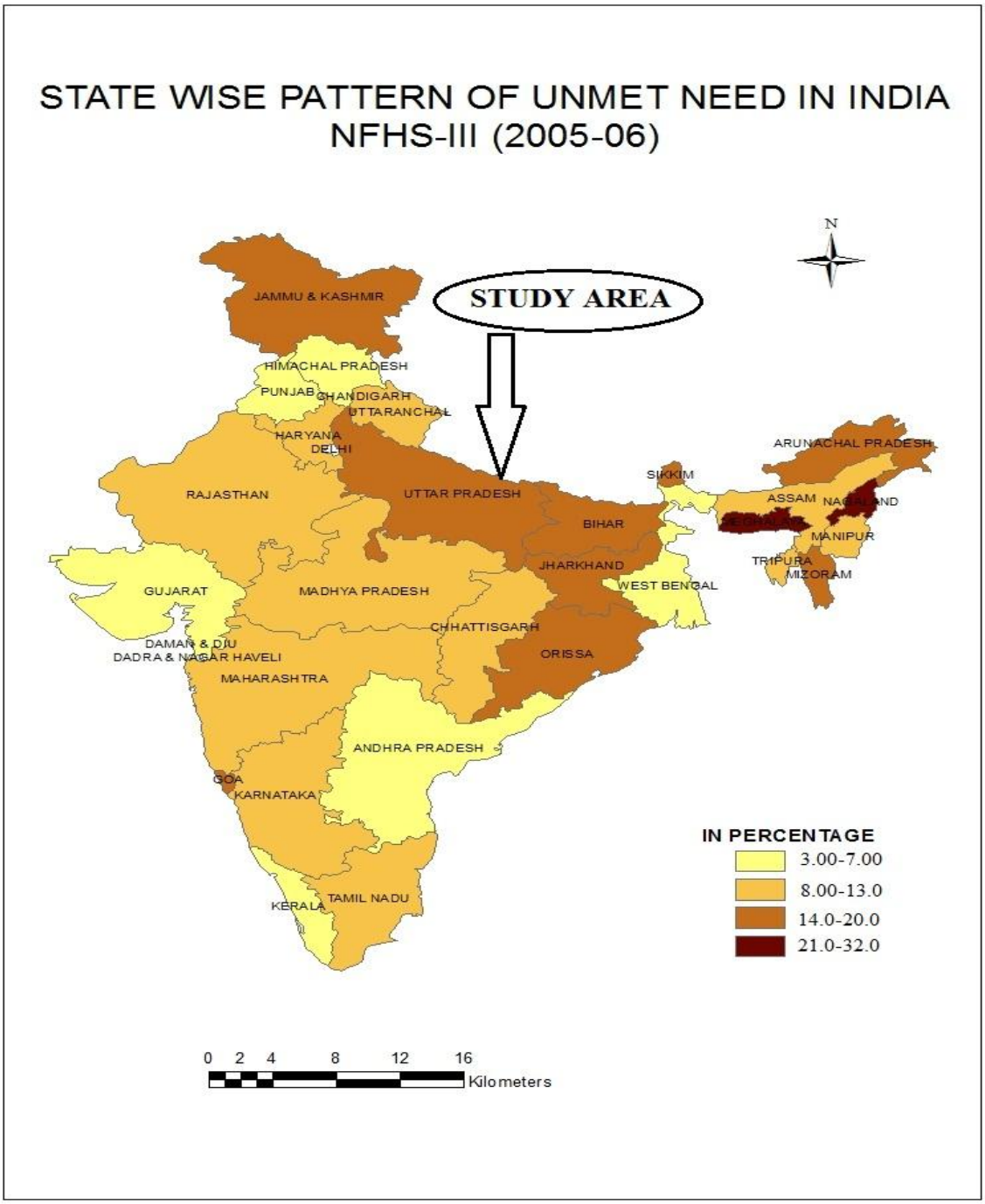
Source: National Family and Health survey- III, 2005-06

STUDY AREA:

Uttar Pradesh, in north-central India, is the country's most populous state. Uttar Pradesh state was selected as my study area. It is one of those states where demographic situation is as bad as other many north central states. Though it is giant state in term population size but worst performing in term of IMR, higher level of fertility, low level of education, low coverage of child vaccinations, higher unmet need for contraception, lower success of Family planning programmes. For that in most of the cases we consider the socio- economic factors as the leading causes for such outcome. But in many cases this may not be true as in cases if we compare

Odisha and Uttar Pradesh sates which have more of less similar socio- economic condition but the IMR is much higher in UP as compare to Odisha. So other factors play crucial role along with socio- economic factors which may not be quantify.

MAP:1



The low rate of contraceptive use and the high level of fertility in Uttar Pradesh are of considerable concern to the Indian Government, which has launched Innovations in Family

Planning Services project which intended to increase contraceptive use in the state. In this context, the present assessment of unmet need for contraception provides useful baseline information for formulating and evaluating strategies to improve family planning programme performance in the state.

OBJECTIVES:

The main objectives of this study are as follows;

- To find out the pattern of unmet need for family planning in Uttar Pradesh.
- To assess the determining factors of the differential of unmet need for family planning in UP.

DATABASE:

The data for the analysis of unmet need of family planning in UP was taken from NFHS-III, to see the pattern and it's determining factors.

- National Family and Health Survey-III (2005-06).IIPS, Mumbai.

METHODOLOGY:

The study is basically on the unmet need for family planning. For the analysis of the data for the said purpose i have used the following methods

1. To show the levels and trends the line graph and bar diagram can be used.
2. To see the gross effect between two dependent and independent variables I have run cross tabulation.
3. To show the net effect of the factors on unmet need, Binary logistic regression is used with the help of SPSS Package.

Some dependent and independent variables has been taken as follows:

Dependent Variables:

The response variable is the unmet need and is coded as 1 for unmet need and 0 otherwise.

Independent variables:

I have chosen variables namely; religion, Ethnicity, place of residence, education of wife and husband, separately, standard of living, birth order of the child, sex of child and exposure to any kind of media.

Binary logistic Regression:

In a logistic regression model we assume that the P (probability of occurrence of events) is related to the independent variables in the form of logistic function. Binary logistic regression is used to access the net effect of socio-economic, demographic factors unmet need. The equation used in this analysis is given as follows,

$$\text{Log } \{P/(1-P)\}=b_o+b_1x_1+b_2x_2+b_3x_3+\ldots\ldots\ldots+b_nx_n$$

Where, P= Expected probability of unmet need.

b_o = constant.

x_1, x_2, $x_{3\ldots\ldots}$ are independent variables.

$b_1, b_2, b_3\ldots..$ are the coefficients of the $x_1, x_2, x_{3\ldots\ldots\ldots}x_n$

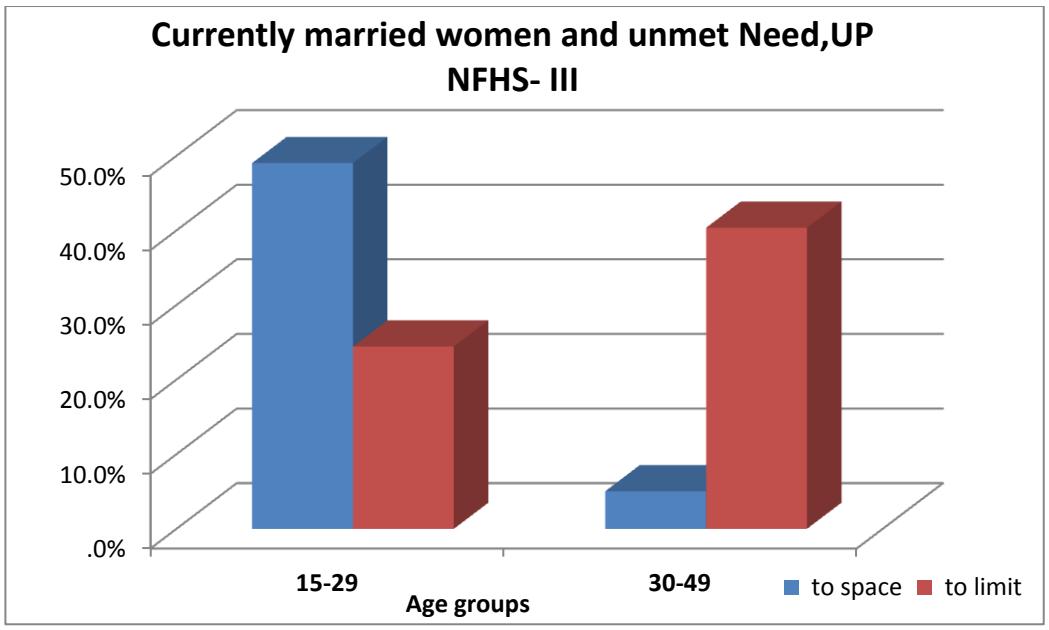
DATA ANALYSIS AND FINDINGS:

In national family health survey report, 2005-06 it was found that 98 percent of women and 99 percent of men age 15-49 knows one or more methods of contraception. Knowledge of contraception is widespread even among adolescents. But at the same time if we see the contraceptive prevalence rate it is quite low. That indicates a kind of gap between knowledge and practices of any types of family planning methods. On the other hand we can also say the availability of services is inadequate. Since NFHS-2, ever use of any method among currently married women has increased by 11 percentage points. The increase is greatest for spacing methods; ever use of condoms and the rhythm method has increased by 6 percentage points each.

Unmet need for family planning among currently married women is 13 percent, down from16 percent in NFHS-2. Unmet need decreases with age, from 27 percent for women age 15-19, to 2 percent for women age 45-49. Younger women (age 15-24) have a greater unmet need for spacing than for limiting. Rural women have higher unmet need than urban women for both spacing and limiting. Unmet need for family planning varies greatly by state, from 5 percent in Andhra Pradesh to 35 percent in Meghalaya. In addition to Meghalaya, nearly 20 percent of

women have an unmet need for contraception in Nagaland, Jharkhand, Bihar, and Uttar Pradesh, **(*NFHS-III, report 2005-06 PP 32*)**. In all cases we cannot blame the service providers as the root causes regarding unmet need of family because in most of the cases there is a huge gap between knowledge and practices of family planning programmes in country like India. It is may be due to the large size with multi-cultural, multi ethnicity and multi religious country. Over all the nature of patriarchal society which treated women as inferior and control women reproductive rights in most of the cases. Therefore in many cases women have no choice other than become pregnant because her husband wants more children. At the same time the son preference mentality leads to higher fertility level and in many cases until any son is born women are forced to produce baby. Therefore the concept like completed fertility come when son born. It may be three or ten Number it does not make any sense unless a son is born.

Fig:1

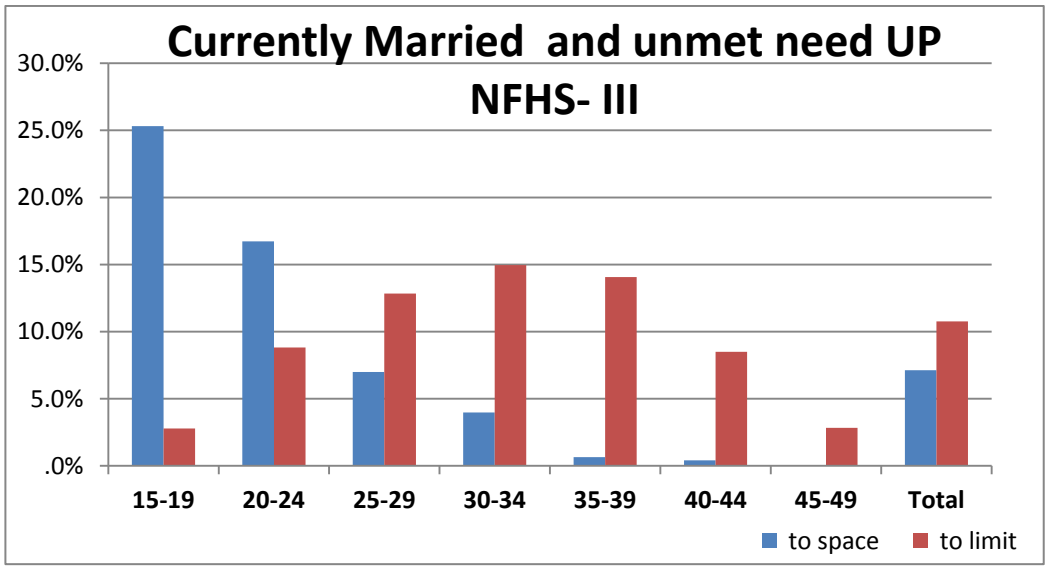


In the above diagram we can make infer that the pattern of unmet need for to space is high than the pattern of unmet for limit. It is may be due to that fact that immediately after the marriage young women are not ready to pregnant. On the other hand even after first birth many couples tried to use contraception to protect themselves from conception at least 4 to 5 years. That indicates peculiar type fertility belabours. At the same time if we see the pattern of unmet need among the age groups 30-49 years the situation is reversed. Here the pattern of unmet need for spacing is much lower than the Pattern of unmet need for limiting. The reason may be at the age of 35 or 40 most of the couple of India or family reached their desired family size and they are not ready take more child. Similarly a woman who conceived children in quick succession or early age or continue to have children when grand children have started

arriving may be criticised by the society. So to overcome this problem they tried to use FPP. therefore in this age groups pattern of unmet need for limiting is much high.

Fig:2 shows percentage distributions of currently married women with unmet need for contraception in Utter Pradesh. For better understanding of unmet need for family planning I have divided total unmet need in to two categories i.e., unmet need for space and limiting. if we see the pattern of unmet need among currently married women in UP it is seen that at the early age of child bearing unmet need for spacing is higher than limiting. it is may be due to that at early age women are not ready to pregnant and in most of the cases tries to make gaps between one and successive birth. But with the increasing of age the pattern of unmet need changes as from spacing to limiting. The reason may be at that age most of the women completed their fertility. Even in many cases women are forced to limit their fertility because it was seen that the mean age at marriage is very low in UP and at the age of 35 or 40 years mother become mother in law.

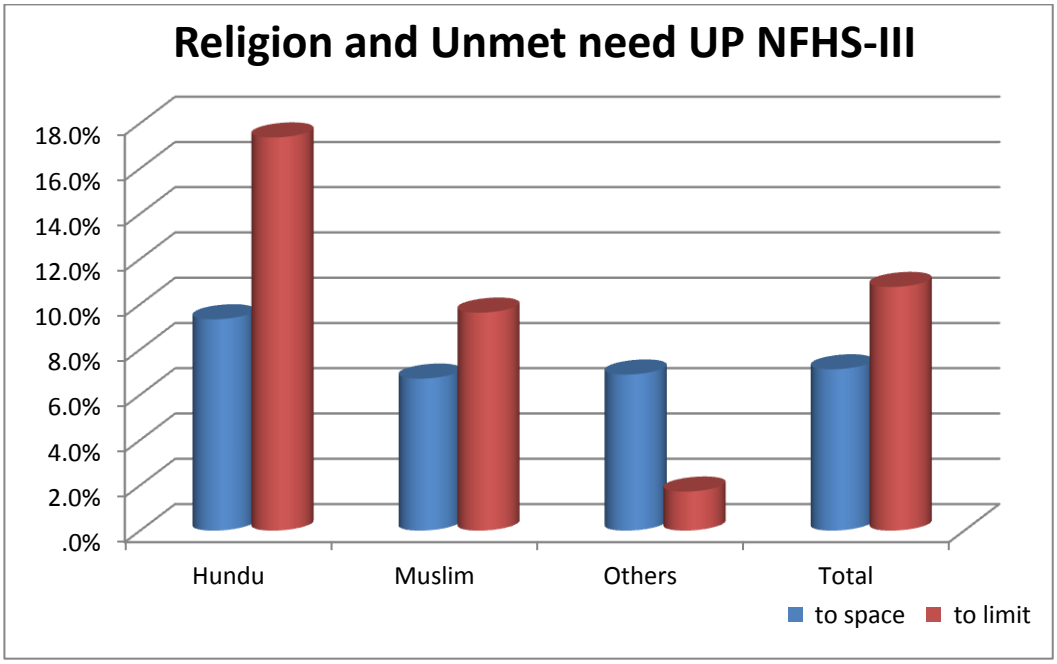
Fig:2



So for the societal problem they do so. Therefore at this stage the demand for limiting family services are more important than spacing. So in latter age unmet need for family planning is basically due to either they had completed their desire fertility or women are not ready to pregnant at the older age due to social constraint. Here we can see the pattern of unmet need among currently married women in the age groups 15 to 49 in UP. In case of the total unmet need between spacing and limiting the % of unmet need for limiting is much higher than spacing. It may be due to the cumulative effect. if we see the diagram above it is at the early age when unmet need for spacing is much higher than limiting and with the increasing of age there is

decreasing in trends in case of unmet need for spacing. While in case of unmet need for limiting there is increasing trends and after 34- 34. The reasons may be due to the reduce capability of conception with increasing ages.

Fig:3

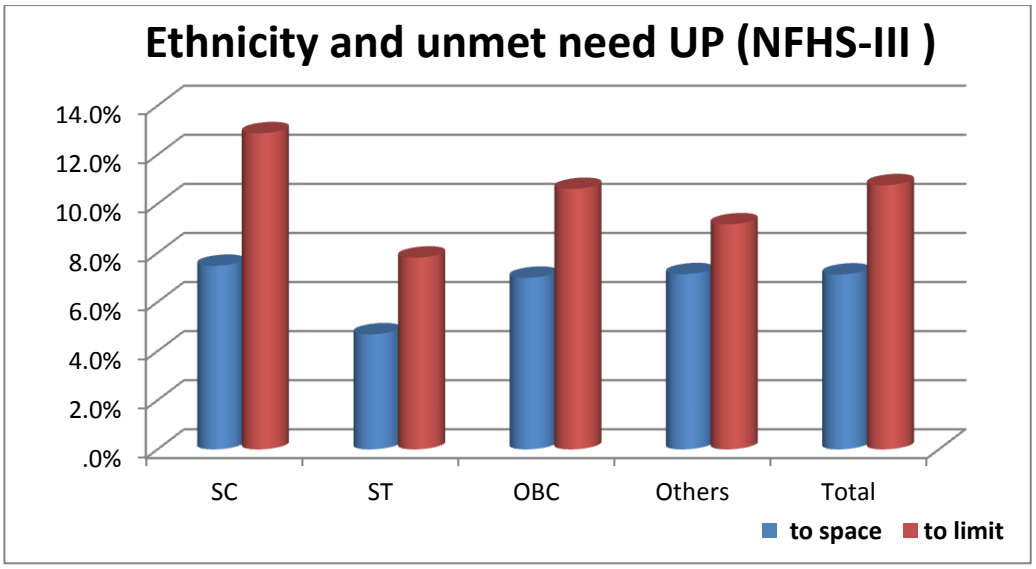


In figure: 3 if we see the pattern of unmet need of family planning in UP across religion. It is the Hindu religion who has high unmet need for family planning as compare to the other religion .in case of both unmet need for spacing and limiting it Hindu religion which contribute higher than other religion. Even the percentage is much higher than the total unmet need. The lower % of unmet need among Muslim religion may be due to the conservative mind regarding the practice of contraception. Another region may be due to the lake of awareness regarding the family planning or if available not practicing intentionally. On the other hand other religion had more accessibility and they are using in a proper way. But the level of unmet need for spacing is much higher than unmet for limiting.

The pattern of unmet need for family planning services among different social groups varies due to their own perception regarding control fertility by using artificial manners and available and accessible to FP services for them. It was in many seen that there is in a locality there is available family planning services but people have no knowledge so there is gap of communication between service providers and acceptors. In fig:2 the overall picture presents that among all the social groups the unmet need for liming is much higher than the unmet need

for spacing. Across the social groups it is seen that among SCs the level of unmet need for family planning is much higher than the other social groups.

Fig:4

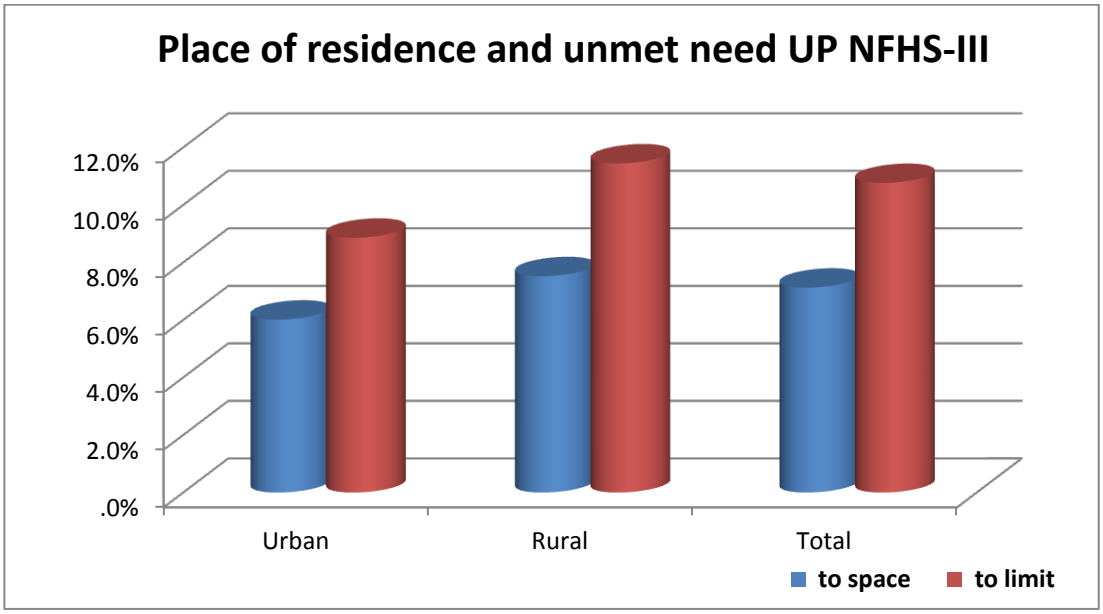


But at the same time if we see the variation between unmet need for contraception for limiting and spacing it is unmet need for limiting is much higher than unmet need for spacing among SCs. So the gap is large in case of SCs between unmet for spacing and limiting. In case of other social groups the gap is very narrow, followed by OBCs. It is also seen that level of unmet need also very low as compare to the other social groups. The reason may be due to the acceptance of available services.

The locational factors play a crucial role in case of success of any programmes and along with locational factors place of residence is also important. As if we take geographical location for the unit of analysis it is most of the northern and north eastern states where the level of unmet need much higher than other states. Even the is much Higher than the national total. If we see the rural urban differential in unmet need in Uttar Pradesh, there is clear cut divide. The level of unmet need in rural area is much higher than its counterpart urban area. The reason of high unmet need in rural area may be the gap between the demand and supply for family planning services or may be gap between family planning service providers and acceptors. We may also infer the concept of KAP gap here propounded by J. Bongaarts which is quite common in rural area as compare to the urban area. We can also infer the concept of women autonomy may be unmet need is the result of husband's decision regarding acceptation of family planning services. In many cases

women said they are not ready to pregnant but their partners did not use any preventive measures to control fertility at the time of sexual intercourse.

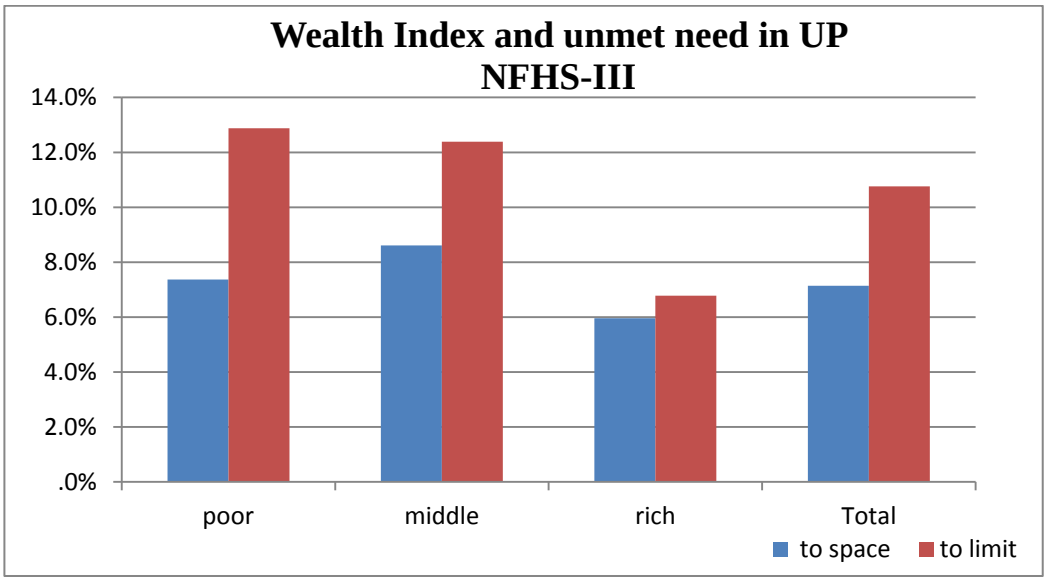
Fig:5



Therefore we cannot blame only women for the higher fertility. It is men who are more responsible for that. But in the urban fertility is the outcome of joint decision of husbands and wife. So this may be the reason for low unmet need for unmet need and proper utilization of available FP services in urban areas.

The cross tabulation between unmet need for family planning and wealth index showed that it is positively related to the level of unmet need for family planning in Utter Pradesh.

Fig:6

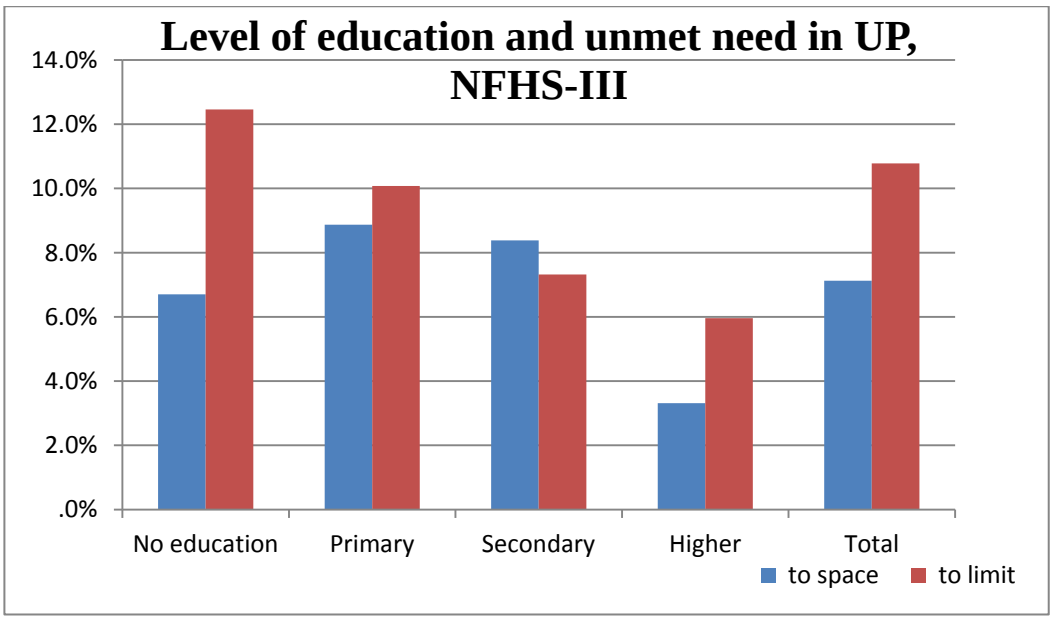


As it is often said that wealth index is the proxy of standard of living so higher the standard of living lower will be the unmet need for family planning. As many cases Govt. family planning services are not satisfactory for the clients. In that cases poor drop family planning services while rich people avail service from private doctors with higher expenses.

In case of Uttar Pradesh if we see the gap of unmet need between poor and rich gap is very large and in cases of unmet need for limiting it is double than the rich. If we compare unmet need for spacing and liming among poor the gap is very large. But in case of rich people the gap is very small. Even rich people have lower unmet need as compare to the state's total unmet need in both limiting and spacing.

We often consider education as the ***"magic bullet"*** to bring social and economic changes. When we talk about the decline of fertility we give due emphasis on education and often said rise the education level it will automatic leads to decline fertility. Education has multi dimensional effect as noticed in the above figure. We can say that it had multi dimensional relation as if the level of education rise parents had great opportunities to get better jobs that make them economically well sounds.

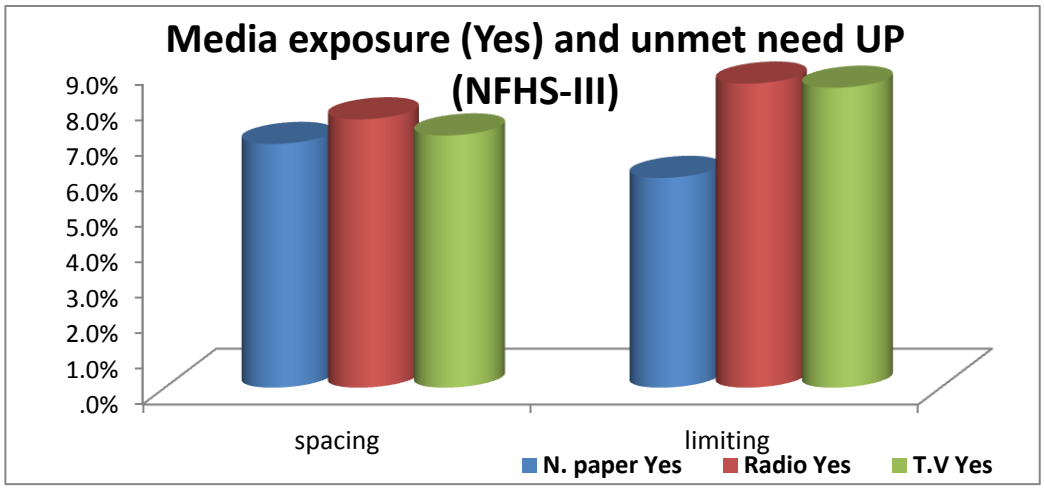
Fig:7



This untimely available any services easily to them. From the above figure we can infer that with the increasing the level of education there is decreasing trends in unmet need in Uttar Pradesh. The unmet need for spacing and limiting is decreasing with increasing level of education. But here we see the impact of education is that the gap between unmet need for spacing and limiting

is very large in cases of women who are uneducated while gap is less in cases case of primary and secondary education of mother. Even the level of unmet need is very low in cases of higher educated women but gap between spacing and limiting is quite high as compare to those who have completed primary or secondary education. Similar outcome is noticed in case of declined in level of unmet need in Uttar Pradesh. When we talk about the impact of education we should consider whose education is we talking about and also the content or syllabus?

Fig:8

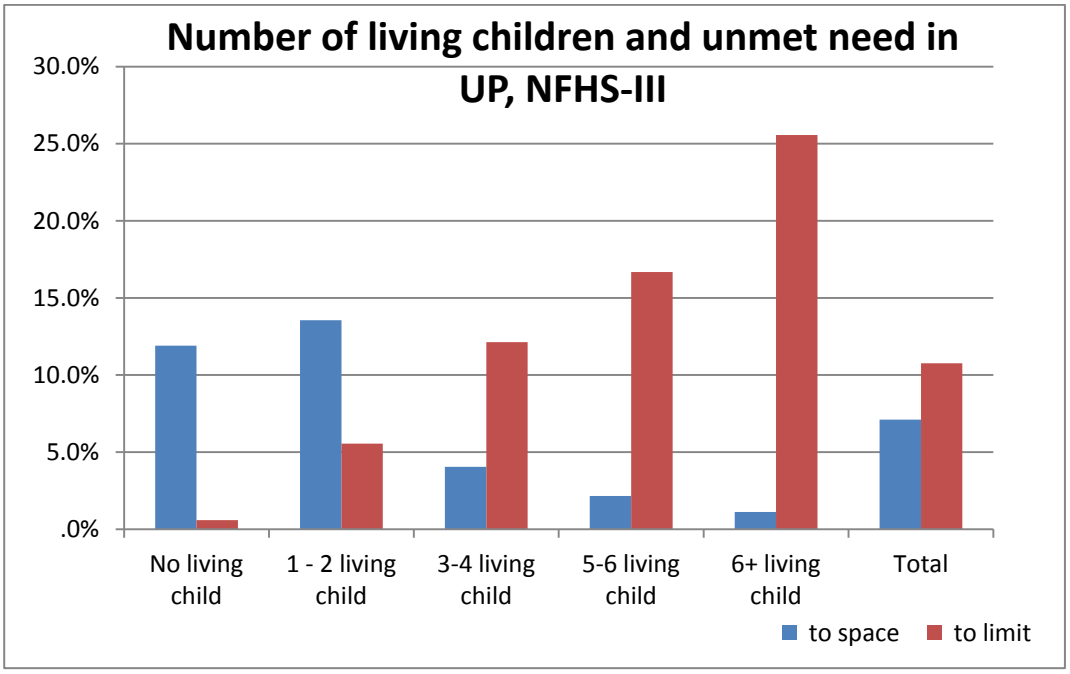


To see the impact of media on the attitudes of using of contraception and unmet need in UP, it was found that electronic media had much more effect as compare to print media. It was also seen from the diagram that those who are regularly exposed to any kind of media has higher probability of unmet need. But the variation is noticed between unmet need for spacing and limiting. In case of unmet need for spacing the impact is uniform and little variation is noticed in case of Watching T.V and listening radio with Reading of news papers. On the other hand impact on unmet need for limiting is much more of electronic media than print media. But overall we can say that impact of electronic media is much higher than the printed. Because we know in many cases those who are illiterate cannot read news papers or magazine but the same person can listen and watch and understand T.V or radio. We should have to keep in mind one thing when we talk about the impact of mass media on unmet need for family planning that what is the nature of programmes mean to say whether they are watching, listening or reading family planning or health related programme or only for entertainment or fun.

It is clear from theFig:9 that there is positive relationship between number of living children and level of unmet need. That mean to say as the number of living children increases the level of unmet need also increase. But if we see the difference between the spacing and limiting method

sit portrays quite different picture. As in case of no living children the level of unmet need for spacing is very high as compare to unmet need for limiting. That means those who have no living children they want child in future but not right now so therefore they tried to space. It may be they also right now are not ready to pregnant so they tried to delay and the unmet need for spacing is very high than limiting.

Fig:9



The same trend is continue in next groups where there is one to two child is alive but the reason for unmet need for spacing may be different that is for the better care of child they want gap and also may be maternal physical recover. But after that in case 3 to 4 child is alive they have more unmet need for limiting than spacing and same trend continued up to living child six or above. In all these cases the reason may be that they do not want any more child so they want for limiting methods. As we know the desire for sex between two opposite sex is universal truth and at the stage who have already six living children if women pregnant and give birth of child that may be the burden for the family. So at this stage they basically use family planning services for fertility controlling. Even in some cases those women have six or more living child, it was noticed that she had married at early age and at the age of 35 or above she became grandmother of her son or daughter. So at this stage if she will pregnant, she will face lots of challenges in society.

In case of unmet need of family planning for spacing and limiting and ideal number of male and girl child it was noticed there is variation of unmet need. As in case of no male child there is little gap between unmet need for spacing and unmet need for limiting. In both the cases of male

and female child and unmet need for spacing is much lower than the unmet need for limiting. But in case of male child there is increasing trends in term of unmet need with increasing ideal number of male child. But in case of female child the unmet need for limiting is steadily increased from ideal number female child one to two and after that there is declining trends.

Binary logisticAnalysis:

To see the net effect of each variable by keeping constant other variables on the dependent variable (dichotomous, unmet need and other than unmet need) binary logistic regression was run. The result indicated that the co-efficient of religion had no significance on probability of unmet need while other independent variables are remain constant. But the EXP (B) column shows the relative odd ratio and indicates that Muslim and other religion are 2.53 and 2.39 times more likely to be unmet need than Hindu religion. Similar condition was noticed in case of media exposure, ideal number of sons and daughters. We can see that the co-efficient of ideal number of son is non- significant (sig = 0.623, 0.94, and 0.83 > 0.05 and .1). But the Exp (B) column shows that those who have one son they have 1.35 time more unmet need than those who have no sons. Similar situation was noticed in case of ideal number of son increased. While in case of social groups with reference to SCs population the level of unmet need in case of STs Population will be 47% higher than SC population. The reason may be as the STs have low economic condition, so they are targeted groups for providing free family planning services but due to lack of education and communication of the modern world leads to higher unmet need. Even in most of the cases they do not where they have to go for getting such type of services. On the other hand their daily life is hand to mouth and women also works as agricultural labour so if they leaves the job on that they may lose the job or they have to spend day with hungry. In case of net effect of wealth index on unmet need from the EXP (B) column we can say that middle class people will have 1.07 times more unmet need than poor people. Even the co- efficient of wealth index is non-significant.

The co-efficient of the number of living children and preferred waiting time is highly significant along with level of education of mother. In case of number of living children is increasing the co-efficient of number of living children significance is decreasing. From the exp (B) column we can infer that the level of unmet need of those who have 1- 2 living Childs will have four time more than those who have no living children. The reason may be the Women prefer to space among birth or other purposes. But at the same time if we see the exp(B) in case of number of more living children (5 or >5), the odd ratio is decreasing and the level of unmet need is 2.34

times (in case of 5 or >5 children living) higher than those who have no child but lower than 1-2 living child. In case of preferred waiting time between births, the co- efficient is highly significant. It is also seen that the level of unmet need among those who want one year gap is much higher than the reference categories. But with the increasing preferred time the value of exp(B) value is decreasing means in case of unmet need for preferred waiting time at six years is 2.59 times more than the reference category(<12 month) which is much lower than the Preferred waiting time one year. The co-efficient of The level of education shows also significance but the value of exp(B) is very low.

Conclusion:

From the above discussion we can say that Uttar Pradesh is one of those high alert states where unmet need for family services is as high as its surrounding states like, Bihar, Jharkhand, Orissa and Chhattisgarh and most of the north eastern states. But over the time unmet need of contraception among currently married women, is continuously declining trends. That indicates the improvement of available family planning serving. As in NFHS-II (1988-99) Thirty percent of currently married women in UP have unmet need for contraception and it declined to 17.9 % in NFHS-III (2005-06). That indicates a kind of Govt. efforts to provide family planning services to the needy couples. With respect to respondents' demographic characteristics how unmet need for family planning vary, I found that the percentage of unmet need is high among younger women, especially for the spacing purposes but at the latter age means after thirty or above the level of unmet need for limiting is much higher than spacing. Women with few living children had lower unmet need but if we see the variation between unmet need for spacing and limiting if the number of living child the level of unmet need for limiting is increasing. Women with no living sons had more unmet for spacing than limiting means at preset time they are not ready take baby but in future they will take Childs. If we see the level of unmet need according to couple's socioeconomic characteristics, from the above discussion we can say that the level of unmet need varies in Uttar Pradesh. In case of religion differential Hindu have more unmet need than Muslim in Uttar Pradesh. The reason in case of higher unmet need in Hindu may be they want family planning service but not getting but on the other hand Muslim are in conservative regarding birth control by using any artificial measures. So Muslim are less using family planning services, therefore their unmet need is very low than the state total unmet need. In case of social groups differential SCs have more unmet need as compare to other social groups for total as well as spacing and limiting. The percentage of total need that is unmet is especially high

among rural women as compare to it's counterpart urban area. The reason many be family planning services is more easily available and people are more aware about the family size and child care. The level of unmet need decline with the increasing wealth index in Uttar Pradesh, which is proximate indicators of standard of living. The effect of education we cannot denay hare which have multi dimensional effect. As found the level of unmet need is declining with increasing educational attainment. Role of mass media also important here for determing unmet need for FP services but We should keep in mind one thing when we talk about the impact of mass media on unmet need for family planning that what type of programmes are they watching, mean to say whether they are watching, listening or reading family planning or health message related programme or only for entertainment or fun. Finally we can say that Govt. of India and particularly Uttar Pradesh have to take immediate steps to address the causes of unmet need mean to say where is the gap? Is it among service providers or service acceptors or family planning services is inadequate in Uttar Pradesh than demand? In many cases it was seen services are available but women are not using because her partner is not accepting who is the real decision maker of her fertility behaviours. One thing Govt. should have to organise frequent family planning awareness programme at the community level. Then in near future the demographic situation of Uttar Pradesh will change.

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