

Contraceptive Practices in Western India: A Questionnaire Based Study

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Abstract

Developing countries suffers the dual burden of population explosion and unmet need of contraception across the country; however the trend may not be same everywhere. Unmet need of contraception coupled with their beliefs and choices largely based on unreliable sources of information and hearsay has a significant impact on fertility. Unregulated fertility can disrupt the health of a woman and her family, but has a much greater economic burden to the country. This questionnaire based study was conducted with the aim to gain insight into the contraceptive use, knowledge, practices and their beliefs regarding different contraceptives in young eligible married women of reproductive age [18-45 yrs] in the urban women attending gynecology OPD. Most women belonged to urban areas and the mean age was 29.5 years. Most were parous, majority being Para 2. Media [TV, radio and newspaper] and the elder women in family and neighbours were the main sources of information. Very few of them visited a clinic / nearby hospital for contraceptive advice. Majority women were aware about different contraceptives, both temporary and permanent. There were awareness about the emergency contraception also, but very low [34%]. There were many myths associated with contraception especially with IUCD eg- long term side effects, causing pain abdomen, cancer, migration to head, chest and long term fertility problems etc. Even with combined OCP many believed it may cause cancer of uterus and long term health hazard, though were not clear about the type of hazards. Permanent method of sterilisation were the commonest method used in the study group [38%]; however very few couples had vasectomy. Fear of impotency, long term health problems and cancer were the concerns. This study stresses the importance of further strengthening the family planning program in this part of the country along with addressing the myths and concerns for adequate utilisation of the services. This being a hospital based study may not be a true representative of contraceptive prevalence practices of western Rajasthan.

Keywords: Contraception; Awareness; Practices of Contraception; Myths for Contraception.

Introduction

Family planning allows individuals and couples to plan their family, and attain their desired number of children and timing of their births by spacing them. This is achieved by practice of various contraceptive methods and is a universally known fact, all over the world. However health issues related to lack of contraceptive use falls completely upon women whether she goes ahead with repeated

and unwanted pregnancy or if she chooses to terminate it [1]. A woman requires contraception to space between the births, to stop her fertility if she desires to have no more children and nowadays even before marriage. Women in a developing country has 97 times more chance of death related to pregnancy than her counterparts in a developed country [2]. Poor use of Family Planning measures is one of the major cause of maternal deaths, child deaths, unintended pregnancies and Abortion. (MTP or unsafe) [3].

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Factors like marriage and Pregnancies at very Young age, high parity, short Inter Pregnancy Intervals, and unsafe Abortion further contribute to the high burden of these complications [4]. Spacing of births and effective contraception has positive effect on mother's health, improves child's survival. It may help in reducing poverty by creating opportunities for women to take up jobs and employment; which will empower them and increases socio-economic and health benefits. Thus use of contraceptives especially for birth spacing has increased benefits to the woman directly as well as indirectly to the society and nation.

It is estimated that the incidence of unsafe abortion, which is mostly due to non-use of family planning methods is over 14 unsafe abortions for every 100 live births, amounting to 68,000 abortion-related maternal deaths each year [5]. Abortions are a good indicator of lack of use of contraceptives in eligible couple. Unsafe abortions are said to be greater at extremes of reproductive ages eg. adolescents and aged women with unplanned and at times unexpected pregnancies. [6] These, as well as other women in reproductive age, have a huge unmet Need. Sexually active women who are not using any method of contraception, and report not wanting any more children or wanting to delay the birth of their next child, have a huge unmet need for family planning methods. The various uses of contraception are for delay the first pregnancy, prolonging the interval between births, reduce the total number of pregnancies; along with these emergency contraception also have an important role to play in preventing unplanned pregnancy. Early abortion by drugs has also come up as a boon to these women though having more side effects.

A study from India found, in consensus to other international studies, that short spacing of pregnancies is one of the major 3 reason for early childhood deaths [7]. Many factors play role in deciding the contraceptive choice of eligible couple eg- health risks and benefits along with other circumstances such as their age, fecundity, fertility aspirations, access to health-care services, child-rearing support, social and economic circumstances, and personal preferences'. Besides these local practices, beliefs, and prevalent myths also play an important role in deciding the choice of contraception. Often the burden of contraception is put over the women who have a poorer health access as well as poorer education in many parts of our country making contraceptive choices difficult. Lack of evidence based knowledge and poor

understanding further compounds the issue which is prevalent in many developing countries

In many resource poor countries the one of important factors affecting maternal deaths are-poverty & Low social status, lack of knowledge and access to family planning services which results in high fertility with unplanned pregnancies. [8,9,10,11] Access to safe and voluntary family planning counselling and services is essential to reduce the number of unintended pregnancies and short birth intervals. Government of India a lot of efforts to meet this need, but still the contraceptive usage is low.

Hence this study was undertaken to find the local factors responsible for low usage of contraception.

Objectives

To find out the prevalence of contraceptive usage in eligible women of reproductive age and their choices with reason for choosing that method.

To find the common myths/perceptions prevalent locally regarding different contraceptives.

To know about their knowledge and usage of emergency contraception and medical abortion.

Methodology

This study was done in the department of Obstetrics & Gynecology of AIIMS jodhpur. It was approved by IEC of the Institute. This study is initial analysis of that data collected and is still ongoing.

Women coming to OPD were asked/given questionnaire after explaining the purpose of study and their willingness for participation. Women who were illiterate or not wanting to write were asked questions and the forms were filled. These questions had their demographic details, obstetric history and comprised of awareness of different contraceptive methods, source of information, have they ever used any of the contraceptive method and the reason for choosing so. Questions also comprised of their perceptions/misperceptions of different contraceptives, awareness and usage of emergency contraception. Knowledge medical abortions and their usage were also assessed. Data were entered in excel sheet and analysed.

Inclusion Criteria

Married women of 18-45 years, willing to participate.

Exclusion Criteria

Unmarried women, postmenopausal women, widow/ separated from husband, women who had hysterectomy

Results

Data was collected from 322 married women, from 18-45 years. In 20 women forms were incomplete so were excluded from the analysis. These are the results of preliminary survey and the further data collection/compilation is going on (Tables 1-7).

Table 1: Age distribution in study population

S. N.	Age group	Number
1	18-20	62
2	20-30	73
3	30-40	144
4	40-45	23
5	total	302

Parity: Most of the women in the study were parous with majority having 3 children [45%], range being 0-8. There were no women with 9 or more children.

Table 2: Education in the study population

S. N.	Education	Number	Percent
1	Illiterate	51	16.9%
2	Primary	29	9.6%
3	Till 10th	38	12.6%
4	Till 12th	56	18.5%
5	Graduation	73	24.1%
6	Post-graduation	54	17.9%
	Total	302	100%

Table 3: Contraceptive Usage (current)

S. N.	Contraception	No	%
1	Nil	134	44.3%
2	Barrier		
	Condoms / spermicides	14	4.6%
3	Iucd	21	6.9%
4	ocp	10	3.3%
5	Inj	1	0.33%
6	Tubectomy	122	40.3%
7	vasectomy	1	0.33%
8	Others-rings, patches	0	0%
9	Total	302	100%

Table 4: Previous contraceptive usage (among those who were not using any contraception currently)

S. N.	Method	No	%
1	Nil	110	82%
2	Natural methods	6	4.4%
3	Barrier	7	5.2%
4	Ocp	1	0.8%
5	Iucd	10	7.6%
6	Inj/other methods	0	0%

Table 5: Source of knowledge*

S. N.	Source	No
1	Tv / internet	74
2	Radio	56
3	Newspaper/magazine	35
4	Mother/ sister/close relative	48
5	Distant relative	44
6	neighbour	42
7	Health worker	73

* Many reported more than one source of knowledge

Table 6: Concerns

S. No.	Contraceptive method	Concern/ beliefs
1.	Nil	No problems
2.	Natural methods	Very effective
3.	Barrier methods	Painful for male partner, May remain in female body Refusal by husband due to unspecified reasons
4.	OCP	Cancer of uterus, liver damage, brain damage
5.	IUCD	Pain abdomen Discharge p/v Migration to other areas of body Weakness Anemia Difficulty in coitus, male partner will have pain/ discomfort Weakness of bones Permanent damage to uterus Will not become pregnant again
6.	Injections	Damage to uterus as causes irregular bleeding p/v Will require treatment to conceive Difficult for rituals/ travel ?excessive bleeding
7.	Tubectomy	No problems Easy No complications Can be easily reversed
8.	Vasectomy	Impotence Cancer of genital organs Weakness Can be easily reversed

Table 7: Reasons for non use [many of them had more than one reasons]

Reasons	Number
Fear / myths so never used	82
Family reasons- pressure from husband, in laws, etc	42
Belief children are given by almighty	23
MTP can be done easily	31
Contraception harmed them	8
Son preference	46

Discussion

Most of the women in our study population were educated and the knowledge about the different contraceptive methods were good, still the actual use of contraception was low with almost 45% not using any contraception. In spite of efforts by the GOI as well as many NGO's population control seems to be a major issue. In this study urban population with literacy rate of almost 83% and 43% having education upto graduation and post-graduation, still in approximately 44% were not using any form of contraception. Fear or myths around contraception and Family pressure from husband, in laws or relatives was the major reasons for non-use. It also stresses the importance of targeting the myths and inclusion of family members specially husband and in laws also for counselling sessions of contraception. The commonest method of contraception being practiced was terminal methods-tubectomy. Spacing methods were not that popular. In other studies IUCD was the commonest method used [11,13]. As we see in this study maximum myths were associated with Cu T / IUCD so that might have contributed to this low use in our study. OCP use is low in our country as compared to other neighbouring countries [13,14,15].

It also stresses the importance of targeting the myths and inclusion of family members specially husband and in laws also for counselling sessions of contraception. Media plays an important role for spreading the information, so must be effectively targeted for dispelling the myths and beliefs of the population. India being a huge country with diverse religion and beliefs; these myths might be different in different regions of the country and across different religions. Hence care needs to be taken when addressing the different needs of the diverse population. Lack of accurate information, motivation and the economic implications are other aspects requiring attention.

Conclusion

Women must be made aware that contraceptive usage are for their own health And economic benefits. Contraceptive usage can be further used if their concerns and beliefs are effectively addressed, and other members of the family [eg. husband, in laws etc.] should be included in contraceptive counselling. Media is a very powerful source of information dissemination and can be effectively used for this purpose. Cultural, social and religious differences must be taken into account when addressing the contraceptive needs of the eligible women; specially the son preference in our country. Working as a team with social leaders, government and non-government organisations, health sector and media can effectively make a big progress towards population control and stabilisation.

References

1. Report of a WHO Technical Consultation on Birth Spacing. 2005.
2. Reducing maternal mortality in developing countries. GiveWell. 2009. <http://www.givewell.org/international/technical/programs/maternal-mortality>.
3. Sebastian MP, Khan ME, Kumari K, Idnani R. Increasing Postpartum Contraception in Rural India: Evaluation of a Community-Based Behavior Change Communication Intervention. *International Perspectives on Sexual and Reproductive Health* 2012;38:68-77.
4. Cleland J, Conde-Agudelo A, Peterson H, Ross J, Tsui A. Contraception and health. *The Lancet* 2012; 380:149-56.
5. Abou Zahr C. Global burden of maternal death and disability. *Br Med Bull* 2003; 67:1-11.
6. Phillip Neilburg. Improving Maternal Mortality and Other Aspects of Women's Health ,The United State's Global Role. 2012.p.49.
7. Bhalotra S, Van Soest A. Birth spacing, fertility and neonatal mortality in India: dynamics, frailty and fecundity. *IZA Discussion Papers*, 2006. <http://www.econstor.eu/handle/10419/33968>.
8. Vinitha CT, Singh S, Rajendran AK. Level of reproductive health awareness and factors affecting it in a rural community of South India. *Health and Population* 2007;30:24-44.
9. Indongo N. Contraceptive choice and use of methods among young women in Namibia. 2009. <https://tspace.library.utoronto.ca/handle/1807/37846>.

10. Marvi K, Howard N. Objects of temporary contraception: an exploratory study of women's perspectives in Karachi, Pakistan. *BMJ Open* 2013;3: e003279- e003279.
 11. SENGUPTA R, DAS A. Contraceptive practices and unmet need among young currently married rural women in empowered action group (EAG) States of India. *Journal of Family Welfare* 2012;58:1-14. Annex A. 2.1 Global patterns of health risk. http://www.who.int/entity/healthinfo/global_burden_disease/GlobalHealthRisks_report_part2.pdf.
 13. Ghike S, Joshi S Bhalerao A, et al., Awareness and contraception practices among women-An Indian rural experience. *JSAFOG* Jan-Apr 2010;2(1):19-21.
 14. Khan AM, Factors affecting use of contraception in Matla, Bangladesh. *Journal of Bio social sciences* 1996;28:265-79.
 15. Jissa Vinoda Thulaseedharan, Contraceptive use and preferences of young married women in Kerala, India, *Open access J Contraception* 2018;9:1-10.
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