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ORIGINAL ARTICLE

Study on Perspectives and Practice of Contraception in Women

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ABSTRACT

Purpose of the study: This study is undertaken to determine the knowledge, preferences, practice, experiences and perspectives of women toward contraception and also to note down the various factors influencing the acceptance and usage of contraception among women.

Methodology: Five hundred women of age group 15 to 49 years who were currently married were studied. Sexually active unmarried women were excluded from the study. The study data were obtained using a questionnaire. The questionnaire was divided under four broad headings: personal details, knowledge, usage and expectations. The data collected was analyzed. Changing trends, knowledge, usage and expectations of the women toward various contraceptive methods were noted.

Results: The most common method used was female sterilization (41.4%), followed by intrauterine contraceptive device (IUCD) (14.8%) and condom (9%). Among the sociodemographic patterns, women belonging to lower socioeconomic status, with rural background, younger women, Christians and illiterate women the prevalence of contraceptive use was lower compared to their counterparts. Spacing methods was most commonly used by women residing in urban and women with higher education background. Couple protection rate in this study was 77%. The unmet need was 9.8%. Knowledge of female sterilization was most common in 93% followed by oral contraceptives (OCP) 73.2%. The knowledge was higher among upper socioeconomic status and urban women. 78.8% had discussion with spouse. More than 70% had preference for male child.

Conclusion: This study stresses upon the fact that contraception services should be affordable delivered by informed choice and sensitive to individual's needs. The unmet need of contraception can be reduced by improving female literacy, contraceptive counseling, male involvement and availability of contraceptive services. These measures will indeed reduce unwanted pregnancies, improve self-esteem of women as they will have control over their fertility and in future reduce population explosion to some extent by limiting the family.

Capsule: Fertility control is an important medical discipline, it is essential for the welfare of the individual, family and the nation. The usage of contraceptive method depends on knowledge, preference, acceptance and experience.

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Objectives of the study

- To determine the awareness, perception and acceptance of contraceptive methods
- To study the contraception usage by the women.

Keywords: Contraception, Female sterilization, Intrauterine contraceptive device, Oral contraceptives.

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INTRODUCTION

Family planning improves community health by helping both men and women to have children when they are physically, emotionally, and financially prepared to take the child bringing up responsibility.

It is anticipated that the demand for contraceptives will increase in the near future as the number of women of reproductive age is increasing and with women wanting smaller families. Early sexual debut and late menopause increases the contraception requirement in women up to 30 years. The number of unintended pregnancies is likely to increase in the future if this gap is not reduced. The discrepancy between fertility preferences and contraceptive practice is regarded as an indicator of unmet demand for family planning.

REVIEW OF LITERATURE

Human fertility is determined by many factors, such as customs, morals and habits of social groups with regard to marital obligation of life. There are many factors which are responsible for acceptance of family planning methods, such as socioeconomic environment, culture, religion and education.[1] Many women may be dissatisfied with the contraceptive method they are currently using because of its cost, misconception about the method, religious issues, concerns regarding their health and future fertility.[2]

Slightly more than 50 years have elapsed since the introduction of the first combined oral contraceptives

(COC). Still many women remain undeserved insofar as contraception is concerned.[2] National Family Planning Program was launched in 1952. There is exponential growth of contraceptives in the last six decades; still India faces the problem of population explosion with last census reporting 1.21 billion population in the country. Reorganization of family planning services by giving priority to women living in rural areas with low income and education level and use of conventional contraception method could contribute to positive attitudes toward family planning. Including their spouses to this reorganization may enhance the impact.[3] Health professionals should take every opportunity during pregnancy, childbirth and puerperium to provide information and counseling to improve knowledge and awareness of contraception.[4]

At least 25% of all maternal deaths can be prevented by family planning by protecting women from the risk of pregnancy and its associated complications. One in four infant deaths in developing countries can be prevented by spacing birth at least 2 years apart.[5] Additionally, some of the contraceptive methods also offer noncontraceptive benefits to women. Use of contraception also contributes to individuals being able to take control over their sexuality, health and reproduction, thus, helping them to achieve a satisfactory sexual life.[6]

It is estimated that 222 million women have an unmet need for modern contraception, and the need is greatest where the risks of maternal mortality are highest.[6] Unmet need for younger women was spacing of births, whereas for older women, it was for limitation of births.[7]

According to the World Health Organization, the provision of high-quality contraceptive information and services is essential for achieving the goal of health for all. Contraceptive services should be sensitive to individuals' needs and perspectives. Follow-up services for management of contraceptive side effects should be an essential component of all contraceptive service delivery.[6] Among the millennium development goals (MDG) in 2001, target 5b calls for universal access to reproductive health by 2015, with one of the indicators being the extent to which the need for contraception has been met.[6]

New contraceptives have been developed in an attempt to reduce side effects and avoid early discontinuation, and to fulfill women's different requirements. In addition, research is being conducted into methods that offer dual protection (contraception and protection against human immunodeficiency virus transmission) and contraceptives for use 'on demand'.[2]

Research is needed to strengthen the health systems and health policies—to overcome barriers related to uptake, use, availability and affordability of modern contraceptives.[8]

RESULTS

In this study, 35% were of age 20 to 24 years, least 3.4% were above 45 years of age. Sixty-five percent were below 29 years of age. More than half (59.6%) women were of middle class. In this study, 67.2% women were residing in urban locality. Seventy-two percent were Hindu by religion, 25% were Muslims and 3% were Christians. 42.2% had completed their secondary schooling, only 11.8% were illiterate. 92.4% were married before 25 years of age. Majority 44.8% had two children, followed by 28% having three children (Table 1).

The most commonly used method was female sterilization (41.4%). Among the spacing method, most commonly used was intrauterine contraceptive device (IUCD) (14.8%), followed by condom (9%). After the age of 25, more than 80% were using one or the other contraceptive methods. Percentage of urban women using contraception was higher compared to their rural counterparts (81.25 and 68.3% respectively). 38.69% of urban women were using modern method of spacing [IUCD, condom, oral contraceptive pill (OCP)] compared to only 10.99% among rural women. The upper class women and with higher education opted for spacing methods (OCP, IUCD and condoms). The percentage of women not using any contraceptive was highest in lower socioeconomic status, and women less than 25 years. 37.29% of women with no educational background were not using any contraception in this study. The younger women opted for spacing method, whereas with advancing age women preferred sterilization to limit the families. The usage of contraception was high in Hindus 82.78% and least among Christians 26.67%. Compared to Hindus, more percentage of Muslim women were using temporary method of family planning (Table 2). Discontinuation of spacing methods was seen in 78 (15.6%) of women. The most common reason being desire for further children (37.18%), followed by no reason in 37.18% women for discontinuation. Among 207 who were tubectomized, 96 (46.37%) women used some contraception before undergoing sterilization. The spacing method used before sterilization were condom (14.01%), OCP (10.63%), IUCD (9.19%), injectibles (6.76%) and natural method (5.8%). But, 111 (53.62%) women had not used any spacing method before undergoing tubectomy. One hundred and thirty-two (63.77%) women were sterilized before the age of 25 years.

Couple protection rate in this study was 77%. Four hundred and nineteen (83.8%) women have used contraception at some point in life. Hence, in this series, 91.86% of ever users were currently using contraceptive methods. The unmet need was 9.8% in this study.

Table 1: Sociodemographic analysis of cases

			<20	*20–24*	*25–29*	*30–34*	*35–39*	*40–44*	*>45*
n = 500			*25 (5%)*	*175 (35%)*	*125 (25%)*	*74 (14.8%)*	*36 (7.2%)*	*48 (9.6%)*	*17(3.4%)*
SS									
Lower	130	26%	15	40	30	20	10	10	5
Middle	298	59.6%	10	110	71	44	21	32	10
Upper	72	14.4%	0	25	24	10	5	6	2
Rural	164	32.8%	15	65	31	23	11	10	9
Urban	336	67.2%	10	110	94	51	25	38	8
Religion									
Hindu	360	72%	20	125	92	50	26	37	10
Muslim	125	25%	5	45	30	20	8	10	7
Christian	15	3%	0	5	3	4	2	1	0
Education									
Illiterate	59	11.8%	15	20	15	0	6	2	1
Primary	126	25.2%	7	33	40	10	16	16	4
Secondary	211	42.2%	3	80	44	46	10	16	12
Graduate	94	18.8%	0	42	24	14	4	10	0
Higher	10	2%	0	0	2	4	0	4	0
Age at marriage									
<20	144	28.8%	25	40	42	10	15	10	2
21–25	318	63.6%	0	135	63	52	18	36	14
26–30	35	7%	0	0	20	10	2	2	1
>30	3	0.6%	0	0	0	2	1	0	0
Family size									
0	37	7.4%	10	12	15	0	0	0	0
1	37	7.4%	15	12	6	2	2	0	0
2	224	44.8%	0	110	46	36	16	13	3
3	140	28%	0	41	39	20	14	24	2
4	45	9%	0	0	13	12	2	11	7
≥5	17	3.4%	0	0	6	4	2	0	5

Table 2: Usage of contraception

		OCP	*IUCD*	*Condom*	*Not using*	*Tubectomy*	*Natural*
n = 500		*29 (5.8%)*	*74 (14.8%)*	*45 (9%)*	*115 (23%)*	*207 (41.4%)*	*30 (6%)*
Socioeconomic status							
Lower	n = 130	3 (2.3%)	5 (3.85%)	10 (7.69%)	49 (37.69%)	51 (39.23%)	12 (9.23%)
Middle	n = 298	17 (5.7%)	54 (18.12%)	25 (8.39%)	54 (18.12%)	135 (45.3%)	13 (4.36%)
Upper	n = 72	9 (12.5%)	15 (20.83%)	10 (13.89%)	12 (16.67%)	21 (29.17%)	5 (6.94%)
Rural	n = 164	0	8 (4.89%)	10 (6.1%)	52 (31.7%)	77 (46.95%)	17 (10.36%)
Urban	n = 336	29 (8.63%)	66 (19.64%)	35 (10.42%)	63 (18.75%)	130 (38.69%)	13 (3.87%)
Age							
<20	n = 25	1 (4%)	2 (8%)	0	22 (88%)	0	0
20–24	n = 175	16 (9.14%)	36 (20.57%)	16 (9.14%)	51 (29.14%)	48 (27.43%)	8 (4.57%)
25–29	n = 125	3 (2.4%)	17 (13.6%)	12 (9.6%)	17 (13.6%)	67 (53.6%)	9 (7.2%)
30–34	n = 74	8 (10.81%)	8 (10.81%)	8 (10.81%)	11 (14.86%)	32 (43.24%)	7 (9.46%)
35–39	n = 36	1 (2.78%)	5 (13.89%)	3 (8.33%)	5 (13.89%)	16 (44.44%)	6 (16.67%)
40–44	n = 48	0	4 (8.33%)	5 (10.42%)	7 (14.58%)	32 (66.67%)	0
>45	n = 17	0	2 (11.76%)	1 (5.88%)	2 (11.76%)	12 (70.59%)	0
Religion							
Hindu	n = 360	26 (7.22%)	53 (14.72%)	27 (7.5%)	62 (17.22%)	180 (50%)	12 (3.33%)
Muslim	n = 125	3 (2.4%)	21 (16.8%)	15 (12%)	42 (33.6%)	27 (21.6%)	17 (13.6%)
Christian	n = 15	0	0	3 (20%)	11 (73.33%)	0	1 (6.67%)
Education							
Illiterate	n = 59	0	6 (10.17%)	0	22 (37.29%)	27 (45.76%)	4 (6.78%)
Primary	n = 126	3 (2.38%)	17 (13.49%)	10 (7.94%)	27 (21.43%)	56 (44.44%)	13 (10.32%)
Secondary	n = 211	17 (8.06%)	34 (16.11%)	19 (9%)	40 (18.96%)	88 (41.71%)	13 (6.16%)
Graduate	n = 94	7 (7.45%)	15 (15.96%)	14 (14.89%)	24 (25.53%)	34 (36.17%)	0
Higher	n = 10	2 (20%)	2 (20%)	2 (20%)	2 (20%)	2 (20%)	0

Female sterilization is the most common known method of family planning (93%) in currently married women. Among spacing methods knowledge about OCP was maximum (78.2%) followed by condoms (73%) and IUCD (69.2%). The knowledge of majority of family planning methods, side effects was more among women with upper socioeconomic status and urban background. Education also had positive effect on knowledge of contraception except for male sterilization which was better known among women with secondary schooling. 6.2% of women had knowledge about recently marketed contraceptives and 19% had knowledge about emergency contraception. Compared to rural counterparts emergency and newer method of contraception was known to urban women (Table 3). Sixty-five percent women have an impression that pregnancy cannot occur during lactational amenorrhea.

Female sterilization services were availed from government set up in 70% of cases (20% were operated in camps and 50% in government hospitals). Twenty percent were tubectomized in private set up (15% in medical colleges and 5% in private hospitals), 10% underwent tubectomy concurrently with cesarean section. Intrauterine contraceptive device was inserted most commonly in government set up (55%). Whereas injectables were availed from private hospitals in 90% of cases. Condoms were purchased from shops in 80% of cases and 20% availed it from government set up. Information regarding contraception was obtained from mass media in 56.4% of cases (television, radio, newspaper, hoardings) and 49.2% from health personnel.

The 78.8% women told that they had discussion with spouse regarding the contraceptive measures.

Failure of contraception was seen in 27 women (5.4%). Six had following OCP, seven from IUCD, six were following laparoscopic female sterilization and eight had ectopic pregnancy. Fifty-five women (11%) had unwanted pregnancies and had underwent medical termination of pregnancy.

Seventy percent of women were given antenatal, postnatal and postabortal counseling regarding contraception. The 21.3% females were given informed choice. They were told about various contraceptives available, side effects, and failure rates. Most of them were given informed choice who availed the facility from private sector.

The 55.8% of women had opinion that ideal family size is two children, 22.4% of women wanted three children, and 21.8% were undecided about the ideal family size. More than 70% had preference for male child.

DISCUSSION

Study by Gupta et al in rural Kashmir most of the women were in age group of 25 to 30 years, whereas in this study majority of women were 20 to 24 years (35%).[9] Majority had two children similar to our study, where 44.8% had two children. Unmet need in Gupta et al[9] study was 16%, in our study the unmet need was less at 9.8%. In National Family Health Survey (NFHS), three female sterilization awareness was seen in 98.4% of currently married women; in Hayat et al[1] study, it was 97.7%, similar to in our study 93% women were aware of female sterilization.[10]

Table 3: Knowledge of contraceptives

		OCP	*Condom*	*IUCD*	*Female sterilization*	*Male sterilization*	*Injection*	*Emergency*	*New*	*Natural*
n = 500		*391 (78.2%)*	*365 (73%)*	*346 (69.2%)*	*465 (93%)*	*311 (62.2%)*	*124 (24.8%)*	*95 (19%)*	*31 (6.2%)*	*230 (46%)*
Lower	n = 130	91 (70%)	81 (62.31%)	81 (62.31%)	120 (92.31%)	69 (53.07%)	17 (13.08%)	1 (0.77%)	0	56 (43.08%)
Middle	n = 298	235 (78.86%)	222 (74.5%)	211 (70.81%)	277 (92.95%)	199 (66.78%)	78 (26.17%)	57 (19.13%)	14 (4.7%)	144 (48.32%)
Upper	n = 72	65 (90.28%)	62 (86.11%)	54 (75%)	68 (94.44%)	43 (59.72%)	29 (40.28%)	37 (51.39%)	17 (23.61%)	30 (41.67%)
Rural	n = 164	115 (70.12%)	110 (67.07%)	112 (68.29%)	150 (91.46%)	122 (74.39%)	24 (14.63%)	5 (3.05%)	0	62 (37.8%)
Urban	n = 336	276 (82.14%)	255 (75.89%)	234 (69.64%)	315 (93.75%)	189 (56.25%)	100 (29.76%)	90 (26.79%)	31 (9.23%)	168 (50%)
Education										
Illiterate	n = 59	24 (40.68%)	25 (42.37%)	28 (47.46%)	51 (86.44%)	21 (35.59%)	5 (8.47%)	0	0	15 (25.42%)
Primary	n = 126	65 (73.81%)	89 (70.63%)	88 (69.84%)	115 (91.27%)	76 (60.32%)	28 (22.22%)	4 (3.17%)	0	56 (44.44%)
Secondary	n = 211	180 (85.31%)	163 (77.25%)	152 (72.04%)	198 (93.84%)	156 (73.93%)	48 (22.75%)	37 (17.54%)	9 (4.27%)	103 (48.82%)
Graduate	n = 94	64 (89.36%)	79 (84.04%)	70 (74.47%)	91 (96.81%)	53 (56.38%)	38 (40.43%)	48 (51.06%)	16 (17.02%)	50 (53.19%)
Higher	n = 10	10 (100%)	9 (90%)	8 (80%)	10 (100%)	5 (50%)	5 (50%)	6 (60%)	6 (60%)	6 (60%)

The most commonly used method is female sterilization (41.4%) in this study, which was comparable to NFHS 3, where female sterilization accounted for 37%. In NFHS 3, the upper class women and with higher education opted for spacing methods, which is similar to the trend seen in our study. Contraception prevalence rate among urban women was 81.25% and rural women was 68.3% with a difference of 12.95%, similar to NFHS 3 where contraception prevalence rate was 11% higher in urban area than in rural area.[10] Female in the current study were literate, it may be the reason for high contraceptive prevelance and low unmet need of contraception in our study. Acceptance of contraceptives is higher among literates than illiterates.

CONCLUSION

This study stresses upon the fact that contraception services should be affordable delivered by informed choice and sensitive to individual's needs. Since ours is patriarchal society male participation in delivery of family services should be considered. Antepartum, postpartum and postabortal counseling, mass media coverage in long run will reduce the unmet need of contraception. Low awareness and low felt needs can overcome by increasing the awareness, availability and uptake of family planning commodities. The unmet need of contraception can be reduced by improving female literacy, contraceptive counseling, male involvement and availibility of contraceptive services. These measures will indeed reduce unwanted pregnancies, improve self-esteem of women as they will have control over their fertility and in future reduce population explosion to some extent by limiting the family.

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