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A Descriptive Study on Married Women's Decision Making Power and Use of Contraceptive Methods

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ABSTRACT

Introduction : *It is generally believed that women lacks decision-making power related to use of contraceptives which restricts its usage.* ***Aims and Objective :*** *The particular study examines women's role and identify different social factors which affects the use of contraceptive methods among married women in a metropolitan city of India.* ***Methodology:*** *A cross - sectional study was conducted in Aug 2012 among 200 married women who were using either of the type of temporary contraceptive methods based on pretested and validated questionnaire in a urban slum of a metropolitan city of India. The samples were selected by multistage random sampling. The socio-demographic parameters like age, education status of women, employment status of women, no of children in family, socio economic status, son preference , no of years of marriage, age at first child birth, gender of living children, husbands education status, husband employment status were assessed to identify the autonomy of women in taking decisions related to use of temporary contraceptive methods.* ***Results:*** *The study revealed that out of 200 women 81.5% (163) were using some type of temporary contraceptive method and 37 are not using any contraceptives. It was found that 81.5 of the women felt that decision related to use of contraceptive method should be taken by both husband and wife where else only 1.5 percent had an opinion that it should be exclusive decided by the women.* ***Conclusions:*** *Modern family planning interventions in the area should be promoted by considering empowering of women on modern contraceptive use decision making.*

KEYWORDS : married women, use, contraceptive methods, decision making power, social factors

Introduction

In many parts of the world, the overview of women's health status presents a sobering picture. Death and illnesses from reproductive causes are the highest among poor women of developing countries. About one third of the total disease burden among women aged 15-44 years in the developing country is linked to health problems arising out of pregnancy, childbirth, abortion and reproductive tract infections. [1]

Family planning can improve women's health in child bearing years. Regulating fertility is an essential component of personal, social and economical development. As per the World Health Organization-world contraceptive use 2011 statistics world-wide 62.7 percent reproductive age group women were practicing some type of contraceptives. The use was as high as 84 percent in United Kingdom in comparison to only 1.2 percent of Somalia. In India it was found to be 56.3 percent. [2]

The Guttmacher institute reported that in 2008 total of 44 million abortions were performed. Out of this, six million were performed in developed countries and 38 million in developing country.It was found that 13percent of all maternal deaths resulted as complications of unsafe abortion. [3] It was estimated that some 215 million women wanted to delay or avoid her pregnancy but not able to do so. [4]

Use of contraception is influenced by many processes but the women's decision-making power and their autonomy within the household is the most important factor which affects contraceptive use. [5] Women in South Asia sacrifice their desire to regulate their fertility but they are nurtured in such a way that their family-group interest supersedes their personal desire. [6]

The investigator observed that most of the women wanted to regulate their fertility but were not able to do so. Many of them lacks knowledge, where as some of them had a social cause to undergo this trauma. [7]

Considering these alarming picture there is an urgent need to promote women's involvement in decisions making power related to use of contraceptive method. This paper aims to analyze various factors related to women's fertility control and their decision making power with the use of contraceptives.

Literature Review:

A cross-sectional study was conducted by Saluja N et al in 2009 among 250 eligible couples to determine the knowledge, attitude and practice of contraceptive methods. The study revealed that out of 250 interviewed couples, 148 (59.2 percent) was practicing different contraceptive methods. The most common reason of practicing contraception was completion of family. Fertility related reasons (45.1 percent) followed by husband's opposition were the commonest reason for not using contraception. [8]

An observational, study was conducted by Deepa H Velankar in an urban slum community of Mumbai to assess the knowledge, attitude and practices regarding contraceptive methods. In the study 282 pregnant women were selected and followed up after delivery. The results revealed that 54 (21.4 percent) accepted family planning methods, where as 78.6 percent did not accept. Reason for not accepting family planning methods were: desire for male child (78.6 percent), followed by religious beliefs, lack of guidance, opposition from home, superstition, fear of harmful effect to health and husband away. In both the acceptors and non acceptors, there was a strong son preference. The study recommended that upgrading the education status of women would help in acquiring the decision making ability [9].

Bogale B et al conducted a study to determine the current modern contraceptive practices and decision making power among 699 married women in rural and urban areas Southern Ethiopia in 2010. Current modern contraceptive use among married women in the urban was 293 (87.5 percent) and 243 (72.8 percent) in rural. Urban married women were more likely to decide on the use of modern contraceptive method than rural women. Having better knowledge about modern contraceptive methods, gender equitable attitude, better involvement in decisions related to children, socio-cultural and family relations were statistically significant factors for decision making power of women on the use of modern contraceptive methods in the urban setting. [10]

Babar NF et al conducted a study in Pakistan among 339 reproductive age group women to assess the knowledge & practice of contraceptive methods. Almost 46 percent of study population were using contraceptive method suggested by their husbands and only 10 percent of the study population were using a method of their own choice. [11]

A cross-sectional survey was conducted by Ali s and White FM to determine the prevalence and socio demographic factors associated with family planning practices among 300 currently married women in a district of Pakistan. It was found that 62 percent of the women were illiterate.The prevalence of family planning methods among married women was 27 percent. More than four living children, exposure to family planning messages on TV, and husband's approval were the main factors associated with the use of family planning methods. [12]

Methodology

A cross sectional descriptive study was conducted among temporary contraceptive users in the urban community of Pune. The sample size was calculated using the formula $4pq/d^2$ taking estimated prevalence as 12% and margine of error at 5%. Responses of 200 married women of reproductive age group were studied by personal interview technique. Women were selected by proportionate stratified sampling technique and data was collected over a period of month. Informed consent was taken. Information on demographic parameters like woman's and her husband's age, educational status and occupational status, number of children, sex of children, no of male children, age at marriage, years of marrige, age at first child birth and history of abortions were assesed. This survey included questions related to wife's decision making power in the family along with the information on contraceptive usage. Women's decision making power was considerd to be the wife's ability to express her opinion and influence on family decision making process. Study was limited to the women who were having at least one live issue and collection of data was limited to the information provided only by the respondent. Data was collected on a predesigned pretested semi structured tool through personal interview technique. SPSS 17 version was used for the analysis of data. Relevant prevalence and class intervals were detemined and tabulated. Cross tabulations were carried out to assess the factors associated with use of contraceptive methods

Total scoring of each item was done on percentage basis in 04 categories. Total response for one item was converted into percentage and put into the category of high majority, majority, moderate proportion and low proportion respectively where the scores were found to be >90%, between 70-89%, between 50-69% and < 50 % respectively.

Results

Section I: *Analysis of sociodemographic data of the married women*

Table 1: Demographic Characteristis of respondents

n=200

Demographic variables	Category	Frequency	%	Mean ± SD
Age	15 – 18years 19-25years 26 – 32years 33 –39years 40-45years	01 104 79 13 03	0.5 52.0 39.5 06.5 01.5	19.9 + 2.8
Education	Illiterate Primary School Middle school High School Intermediate and above	02 109 56 27 06	1.0 54.5 28.0 13.5 03.0	-
Occupation	Unemployed Unskilled worker Semi-skilled Skilled worker	164 07 19 10	82.0 03.5 09.5 05.0	–

Table 1 illustrates that Out of 200 women, moderate proportion of women i.e.104 (52 percent) were in the age group of 19-25 years.The mean age of the respondent was 19.9 ± 2.8 years. It was found that 109 (54.5 percent) had studied till Primary school and 02 (1.0 percent) were illiterate. It shows that majority of the women i.e. 164 (82 percent) were unemployed.

n=200

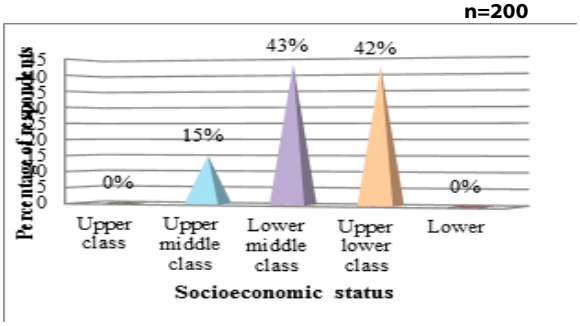

Fig1: Socioeconomic Status of married women

Figure 1: Out of 200 respondents, 86 (43 percent) belonged to lower middle class and 15 percent belonged to upper middle class family.

Table2: Demographic profile of husband of married women

n=200

Demographic variables	Category	Frequency	Percentage
Age	21-30 years 31- 40years Years	108 84 08	54.0 42.0 04.0
Education status	Illiterate Primary school Middle school High school Intermediate Graduate	03 10 57 71 30 29	01.5 05.0 28.5 35.5 15.0 14.5
Occupational Status	Unemployed Unskilled worker Semi-skilled Skilled worker Clerk, shop owner Semi profession	0 19 120 52 08 01	0 9.5 60 26 04 0.5
Addiction history	Yes No	111 89	55.5 44.5

Table 2 : It is evident from the table that out of 200 husbands, moderate proportion 108 (54 percent) were from 21-30 years of age group and (35.5 percent) were high school educated and moderate proportion i.e. 120 (60 percent) were semiskilled workers.

Information related to history of addiction revealed that moderate proportion i.e. 111 (55.5 percent) of husbands were addicted to some or the other substances

Section Ib: Analysis of social data of married women.

Table 3: Marital history of respondent

n=200

Variable	Category (Yrs)	Frequency	Percentage
Age at marriage	<15 15-18 19-25 26-35	03 70 120 07	1.5 35 60 3.5
Years of marriage	≤5 6-10 years >10years	108 60 32	54.0 30.0 16.0
	Total	200	100

Table 3 It was found that out of 200 married women, moderate proportion of women 108 (54.0 percent) were married for 1-5 years**.**

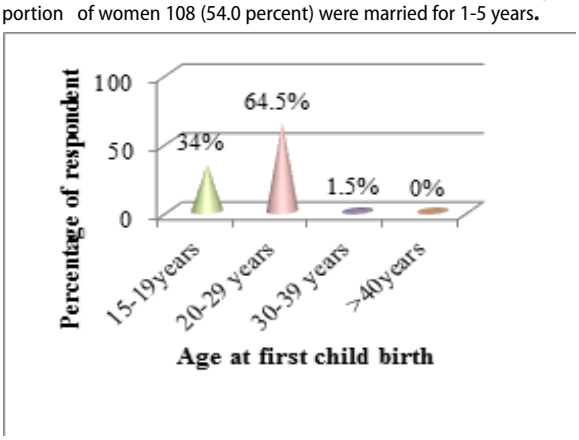

Fig 2: Age of the respondent at first child birth

Figure2: 68 (34 percent) women were found to be teen mothers and the mean age of women during child birth was 21.29±3.01 years.

n=200

Fig 3 : History of abortion among married women

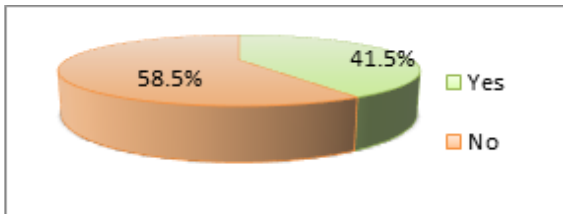

Fig3: It was found that out of 200 respondent near about half 83 (41.5 percent) gave history of abortions due to unwanted pregnancy.

Table 4: Maternal history

n=200

Social variables	Category	Frequency	Percentage	Mean ± SD
No of living children	01 02 >2	102 86 12	51.0 43.0 06.0	1.56 ± 0.65

Table 4 describes the number of living children women is having.

n = 306

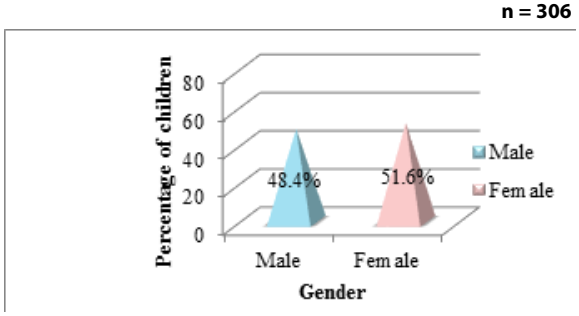

Fig 4: Gender wise distribution of children

Figure 4 : It was found that among the 306 total living children, low proportion children 148 (48.4 percent) were males and moderate proportion i.e. 158 (51.6 percent) were females.

Table 6: Decision-making regarding number of children

n=200

Opinions	Responses	Frequency	Percentage
Decision making regarding no of children	Husband Wife Both Elderly family members	19 03 163 15	09.5 01.5 81.5 07.5
	Total	200	100

Table 6 showed that among majority 163 (81.5 percent) of the respondent decision regarding number of children is taken by both husband and wife where as for 19 women (9.5 percent) the decision is made by husband for 15 (7.5 percent) the elderly member's (specially mother in law) play role in descision making whereas 03 (1.5 percent) only can make independent decision regarding number of children.

Table 7: Opinion of married women towards son preference

n=200

Opinions	Responses	Frequency	%
Son preference	Son preferance No son preferance	87 113	43.5 56.5
Number of Male Child	1 male child >1 male child	86 01	98.9 01.1

Table 7 describes the opinion of married women about male child. Out of 200 women 87(43.5 percent) had son preference whereas 113 (56.5 percent) women did not desire for male child. High majority of them i.e.86 (98.9 percent) opined to have at least one male child whereas only 01 (1.1 percent) wanted more than one male child.

Table 8 : Decision-making regarding use of contraceptive method

n=200

Opinions	Responses	Frequency	Percentage
Use of contraceptive method	Husband Wife Both	31.0 15.0 144.0	15.5 07.5 77.0
	Total	200	100

Table 8 showed that among majority of the respondent (77 percent) decision regarding conraceptive use is taken by both husband and wife. In 15.5 percent couples the decision is made by husband, whereas 15 (7.5 percent) women only can make independent decision regarding contraceptive use.

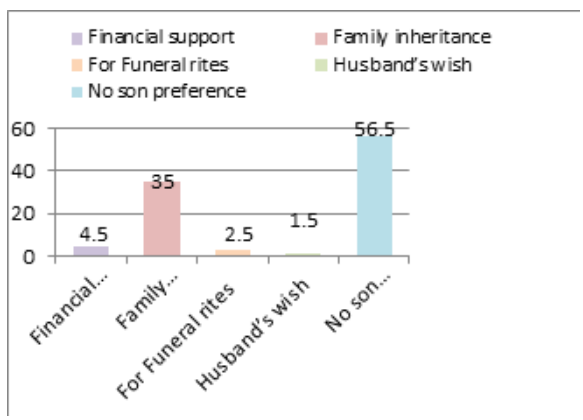

Fig 7: Reasons for son preferences

Figure 7 describes the reasons given by respondent for son preferences in the family.

Table 5: Opinion of married women towards use of contraceptive methods

n=190

Opinion expressed	Category	Frequency	Percentage
a) Contraceptives should be used by all eligible couples.	Yes No	186 04	97.9 02.1
b) Benefits of practicing contraceptive methods.	Mother and children can live a healthy life	02	01.0
	Less of financial burden on family	03	01.6
	Both	181	95.3
	None	04	02.1

Table 5reveals the opinion of married women towards temporary contraceptive usage. Out of 190 women, who were aware of temporary contraceptive methods, high majority i.e. (95 percent) were in favour of temporary contraceptive usage whereas 10 (5 percent) were not in favour. There were 4 (2.1 percent) women who could not enumerate any benefit of practicing temporary contraceptive methods.

Section II: *Analysis of analysis of selected sociodemographic data of the married women* with the use of contraceptives

Table 9: Association of selected demographic variable of married women with the use of temporary contraceptive methods

n=200

Demographic variables	Category	Users	Non-users	Frequency	χ^2	p value
Age	≤25 years >25 years	75(71.4) 88(92.6)	30(28.6) 07(7.4)	105(52.5) 95(47.5)	13.5	<0.001
Education status	<Middle school Middle school >Middle school	79(71.1) 53(94.6) 31(93.9)	32(29) 03(5.4) 02(6.1)	111(55.5) 56 (28.0) 33(16.5)	17.65	0.001
Occupation	Unemployed Employed	31(79.9) 32(88.9)	33(20.1) 04(11.1)	164(82.0) 36(18.0)	1.05	0.31

Table 9 presents that the age of the women and educational status was found to be significantlly associated (p<.001) with use of contraceptivemethod . Though no significant association was detected between occupational status and use of contraceptives.

Table 10 : Association of selected socio demographic variables of husband with the use of temporary contraceptive methods

n=200

Variables	Category	Users	Nonusers	Frequency	χ^2	p value
Age	≤30yrs >30 yrs	80(74.1) 83(90.2)	28(25.9) 09(9.8)	108(54.0) 92(46.0)	7.55	0.007
Education	<Middle school	05(37.5)	08(62.5)	13(06.5)	8.28	0.016
	Middle school >Middle school	42(73.7) 113(86.9)	15(26.3) 17(13.1)	57(28.5) 130(65.0)		
Occupation	Unskilled / Unemployed worker Skilled worker	109(78.4) 54(88.5)	30(21.6) 07(11.5)	139(69.5) 61(30.5)	2.24	0.13
History of addiction	Yes No	91(82) 72(80.9)	20(18) 17(19.1)	111(55.5) 89(44.5)	0.03	01.00

Table 10 explains that the use of temporary methods of contraception was high (p=.007) among those women whose husbands were elderly. Similarly the husbands who were more educated were using more contraceptives than those who were less educated (p<0.016). On analysis it was found that the occupational status and history of addiction in husband does not affect the use of temporary method of contraception.

Table11 : Association of decision maker regarding number of children in family with the use of temporary contraceptive method

n=200

Opinions	Category	Users	Nonusers	Frequency	χ^2	p value
Decision maker regarding number of children in family	Both (Husband, wife)	153(82.7)	32(17.3)	185(92.5)	1.42	0.23
	Elderly family members	10(66.7)	05(33.3)	15(07.5)		

(*The figures in parenthesis denotes percentage)*

Table 11: Statistically, no association could be established between the decision – making authority in the family regarding number of children in the family and use of temporary contraceptive methods.

Table 12 : Association of maternal factors with the temporary contraceptive usage

n =200

Variable	Category	Users	Nonusers	Frequency	χ^2	df	p value
Age at first child birth	≤19 years >19 years	52(76.5) 111(84.1)	16(23.5) 21(15.9)	68(34.0) 132(66.0)	1.26	1	0.2616
No of living children	01 ≥2	71(69.6) 92(93.9)	31(30.4) 06(6.1)	102(51.0) 98(49.0)	17.9	01	<0.001
Families with	Son among children	118(72.3)	20(54.1)	138(69.0)	3.92	01	0.047
	only daughters	45 (27.7)	17(45.9)	62(31.0)			

(*The figures in parenthesis denotes percentage)*

Table 12. It was found that use of temporary contraceptive method does not vary with the respondent age at first child birth. At the same time it was found that that the women who were having two or more than two living children92 (93.9 percent) had used more temporary contraceptives in comparison to those women who were having single living issue 71 (69.6 percent). This relationship is proven highly significant even statistically (P<0.001).

It could be inferred from the table that the usage of temporary contraceptives was more in those women who were having male child rather than in those who were having only female child. The association was statistically established significant with P value 0.047.

Table13: Association of history of abortions with the temporary contraceptive usage

n=200

Variable	Category	Using	Not using	Frequency	χ^2	p value
History of abortions	Yes No	75(90.4) 88(75.2)	8(09.6) 29(24.8)	83(41.5) 117(58.5)	6.42	0.01

(*The figures in parenthesis denotes percentage), df=1*

Table13 : The observed trend of the contraceptive usage exhibits that most of the women had started using the temporary contraceptive after having abortions due to unwanted pregnancies. The relationship was proved statistically significant with P value <0.01.

Discussion

The results of the study revealed that out of 200 women majority 163 (81.5 percent) were using either of the temporary contraceptive method whereas low proportion 37 (18.5 percent) women were not using any of the temporary methods of contraception. It was analysed that 2.7 percent were not using contraceptives because of spouse disapproval whereas another 2.7 percent was not using because of mother-in-law's disapproval.

There was an important finding that 70 (35 percent) were married before the legal age of marriage and 03(1.5 percent) were married even before 15 years of age. The study revelaed that 54.5 percent of the women were educated till primary school and there was more school dropout in the higher classes. The results showed a higher percentage of educated women in this community, in comparison to educational status of women in Maharashtra as per census 2011 which was found to be 75.48 percent. [13]

The study showed that majority of the women i.e. 164 (82 percent) were unemployed. The information was incongruent with the findings of NFHS-3 data. It was found that were 28 percent of women were earning for their livelihood. [14]

The association of education and contraceptive use can be compared

with the findings of the study conducted by Sharma AK. It was inferred from the data that contraceptive prevalence among the couples who had formal education till 12 years was 83.2 percent compared to couple who were illiterate i.e. 33.9 percent. In the present study contraceptive usage is affected by the education status of the married women. [15]. The findings revealed that there was no association between the occupation status of husband and use of contraceptive methods. The findings were in contrast with the findings of a study conducted by Kansal R which revealed that the contraceptive use was high among those who were government employee in comparison to those women whose husbands were labourer. [16]

On analyzing the information given by respondents on son preference it was found that only 43.50 percent women had son preference were as 56.50 percent had no such preference. The findings were in contrast with the findings of the previous study conducted by Kumari DY in two district of Andhra Pradesh where 67 percent of the respondent had strong desire for son. [17]

It is to be noted that though more than half of the respondents stated that they did not essentially want a male child, many were influenced by their husbands or elderly in the family and could not adopt permanent methods of sterilization even after having two daughters.

On further analysis there was a significant association found between the gender of living children and use of temporary methods of contraception. It was found that the women who were having son were practicing temporary contraceptives more in comparison to women those who were having only daughters. There was a significant association between these two factors (p<.047,CI =95%,). Thus it could be concluded that there was a disparity between the opinion regarding son preference and practice of temporary methods of contraception.

It was found that out of 200 respondent near about half 83 (41.5 percent) gave history of abortions due to unwanted pregnancy and 117 (58.5 percent) did not give any such history. The data further revealed that out of 83, 73women (88 percent) had abortion only ones where as 10 (12 percent) of them gave history of abortion for more than one time due to unwanted pregnancy. The figures of abortions were found to be significantly high.

The data was also collected to identify the decision-making authority in the family. In the present study as per the 81.5 percent respondents, both husband and wife were found to be the decision- making authority in deciding the number of children in the family. These findings were different from the findings revealed by a similar study done by Haider G et al in Sindh, in Aug 2008, where 74.4 percent of the women told that majority of decisions regarding number of children and contraceptive practices were made by husbands. [18]

Out of total 87 women who were willing to have a male child majority 86 (98.8 percent) wanted at least one male where as only 01(1.2 percent) wanted more than one male child. The study conducted by Ahmed P et al.revealed that the use of temporary contraceptive method was less in couples who had one son in comparison to those couples who had two sons. Moreover the families who had more than 03 sons had significantly opted for the sterilization [19]

Out of the total 87 respondents who intended to have a male child 80 percent wanted because of social cause of family inheritance where as 3.5 percent wanted because of their husband's wish. A study conducted by Kumari DY revealed the common reasons for son preference in the families. The reasons identified were, they contribute to the family economical resources, family's name is carried through the sons, they were expected to perform funeral rituals, and they provide social status in the family and many more. [17]

6. Future Scope

The interviews were conducted only among women and did not capture the in-depth information about men's perspectives on fertility, or about their desire and intentions with respect to contraceptive use although their view is equally important. Their is a need to conduct studies on their role relatd to contraceptive usage. Not only this more research is needed to understand the mechanisms of the associations between decision making power and contraceptive use in settings with different contraceptive prevalence rates.

7. Conclusion

Despite the limitations, the study has found out important associations between several factors which affects the decision making power of women related to choice of contraceptive methods and have a number of significant implications. The results of the study revealed that married adolescent women are less likely to have decision making power in their sexual relationship and they are more dependent on the husband for their decisions. Many a times it leads to unprotected sex leading to unwanted pregnancy and unsafe abortion and their untoward consequences. There is an urgent need to promote more awareness among women about their role in contraceptive usage by giving them better education and financial security. It is equally important to sensitize the community on this important issue to provide more independence to women to take decision r to control their fertility.

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