



STUDY OF CURRENT TRENDS OF CONTRACEPTION IN A TERTIARY HEALTHCARE CENTRE, AHMEDABAD

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ABSTRACT

Introduction: All living organism reproduces in order to continue its kind on earth. However, food chain and food webs control the uncontrolled growth in the population of living organism. But, the uncontrolled growth of human population can't be controlled by nature alone. For this, couple adopt family planning measures. These measures/methods are adopted by couples in order to control the numbers of children they desire to have and also the gap (in years) between two children. In this paper, how the family planning practices are affected by different demographic and socio-economic variables and the desire for future birth in patients of civil hospital, Ahmedabad has been studied.

Aims and Objectives: To assess the current use of contraception and awareness about various methods available, to assess the knowledge on contraceptive method among women and the contraceptive method of choice. This study also aims to assess the reasons influencing contraceptive methods among women.

Material and methods: This study was a cross sectional observational study conducted between the year August 2018- November 2019 in department of Obstetrics and Gynaecology, Civil hospital, Ahmedabad. 510 women who attended OPD in department of Obstetrics and Gynaecology, Civil hospital, Ahmedabad were included in the study during this study period. Data was collected as pre-designed pre-tested questionnaire of study variables. All the feedback was evaluated by appropriate statistical tests and results were outlined.

Result: Currently 84.2% women were using contraceptive method and among which women using modern contraception was higher (38.3%) followed by traditional method (32.5%). Among the modern temporary methods, barrier method was the choice of contraception (22.7%). Use of modern temporary contraception is higher in younger age group i.e., 18-24 years (48.4%) and in higher socioeconomic class (80%) and highly educated women (64%). Higher prevalence of female sterilization was preferred in women who completed her family and women of lower socioeconomic class (20%).

Conclusion: Women empowerment through educational attainment and proper information on the available contraceptive methods can gradually change the preference for female oriented permanent method of contraception and move towards modern temporary methods.

KEYWORDS :

INTRODUCTION

For contraceptive providers, understanding how and why women make contraceptive choice is important. Contraceptive choice is a vital element of quality of care in the provision of family planning services and an important dimension of women's reproductive rights. Minimizing the likelihood of unintended pregnancy depends on maximizing user satisfaction, user effectiveness and continuation of use by providing the method that is truly the method of choice for that individual and at that time.

India was the 1st country to adopt a national family planning programme. During its early years, the programme focussed on the health rationale of family planning. Family planning as a strategy for population stabilisation received attention only after 1971 population census. After the launch of the National Rural Health Mission in 2005, the official family planning programme has been subsumed in the reproductive and child health component of the Mission. However, universal adoption of small family norm still remains a distant dream in India. During 2007-08, only about 54 percent of the currently married women aged 15-49 years or their husbands were using a contraceptive method to regulate their fertility and the contraceptive prevalence rate appears to have stagnated after 2004. It is imperative that the principle of "the rights of couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so", is operationalized within the national programme. The need to do so is greater now than ever before because couples in India want to both limit family size and space their births. Therefore, an urgent need to provide a "Cafeteria approach" to enable couples to achieve their reproductive goals.

However, contraceptive practice in India is known to be very

heavily skewed towards terminal methods which means that contraception in India is practised primarily for birth limitation rather than birth planning. Since its initiation female sterilization is the most widely used method as compared to spacing method like IUD, condom, pills etc. But due to expansion of basket of contraceptive choices, contraceptive usages has grown remarkably.

MATERIAL AND METHODS

The present study was a cross sectional observational study conducted in between the year August 2018- November 2019 in department of Obstetrics and Gynaecology, Civil hospital, Ahmedabad. Sample size of the study was 510. All women who had attending OPD in department of Obstetrics and Gynaecology, Civil hospital, Ahmedabad were included in this study.

Inclusion Criteria: All women attending OPD with history of using contraceptive method

Exclusion criteria: Pregnant and post-menopausal women.

Sampling: all patients who attended OPD with history of contraceptive use were invited to participate in the study after they gave consent. Data was collected as predesigned pretested questionnaire of study variable. All the feedback was evaluated by appropriate statistical tests and results were outlined.

RESULTS

The study includes 510 women of reproductive span from Obstetrics and Gynaecology OPD, CHA. The current use of different contraceptive methods is shown in **Figure 3** Overall,

429 women were currently using any type of contraceptive method (84.2%), of which 67 women had opted for female sterilization (13.3%). **Figure 1** shows 84.2% women were using contraceptive method and among which women using modern contraception was higher (38.3%) followed by traditional method (32.5%). **Figure 2** shows among modern contraceptive method, Barrier method was the most commonly used method (59.1%), Intrauterine device (IUD) was used by 35 women (17.8%). OC Pills were consumed by 25 women (12.7%) and Injectable DMPA were used by 3 women (1.5%).

Figure 1

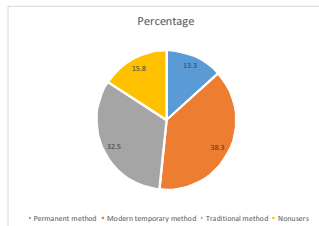


Figure 2

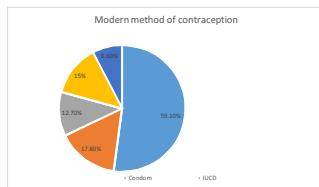
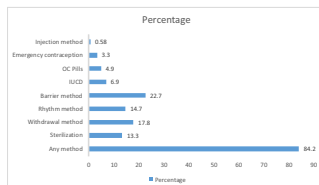


Figure 3



Totally, 81 women were not using any contraceptive methods during that period. The main reason for using only traditional methods is "no interest to use other methods" or "fear of side effects" (Table 1)

Reason	Not using any contraceptive method (n=81)	
	Frequency	Percentage
Trying to become pregnant	8	9.8%
Husband's disapproval	7	8.6%
Not aware of how to use it	22	27.1%
Few sexual relation	8	9.8%
Fear of side effects	36	44.4%

The socio demographic characteristics of women included in this study in relation to their current contraceptive use are described in **Table 2**. Though the overall prevalence of female sterilization was 13.3%, it was significantly higher among women aged >35 years than those aged 18–34 years and use of modern temporary method is significantly higher in younger age group (85% vs 20%, $p=0.007$).

A significantly lower prevalence of female sterilization was observed among women with higher levels of education than women with education of ≤ 12 years ($p=0.000007$). The current use of modern temporary contraceptive method was significantly higher among highly educated women compared to women with the education level of ≤ 12 years ($p=0.000002$).

In this study, there was no significant difference in preferring tubal occlusion with respect to women from different religion group ($p=0.4$). It was observed from this study that significantly higher prevalence of female sterilization was observed in women belong to lower socioeconomic class ($p=0.007$). Traditional method was significantly lower among higher socioeconomic class ($p=0.002$).

	Total no. of women	Sterilization	Modern temporary	Traditional method	Non using
Age					
18-24	190	0 (0%)	92 (48.4%)	56 (29.4%)	42 (22%)
25-34	240	23 (9.5%)	88 (36.6%)	93 (38.75%)	36 (15%)
>35	80	45 (56%)	16 (20%)	16 (20%)	3 (3.75%)
Religion					
Hindu	340	46 (13.5%)	144 (42%)	103 (30.2%)	47 (13.8%)
Muslim	145	21 (14.4%)	42 (28.9%)	52 (35.8%)	30 (20.6%)
Other	25	1 (4%)	10 (40%)	10 (40%)	4 (16%)
Socioeconomic status					
Upper	60	4 (6.6%)	48 (80%)	5 (8.3%)	3 (5%)
Middle	250	24 (9.6%)	103 (41.2%)	97 (38.8)	26 (10.4%)
Lower	200	40 (20%)	45 (22.5%)	63 (31.5)	52 (26%)
Education					
Illiterate	116	35 (30%)	13 (11%)	30 (25%)	38 (32.7%)
1 to 7	220	19 (8.6%)	87 (39%)	84 (38%)	30 (13.6%)
7 to 12	124	12 (9.6%)	64 (5%)	35 (28%)	13 (10.4%)
> 12	50	2 (4%)	32 (64%)	16 (32%)	0 (0%)

The opinion of women on factors that can influence the use of contraceptive methods and the number of children are described in Table 3.

Total no. of children	Total no. of women	Sterilization method	Modern temporary method	Traditional method	Non user
1	103 (20.2%)	0 (0%)	24 (23.3%)	19 (18.4%)	60 (58.25%)
2	276 (54.2%)	20 (7.2%)	134 (48.5%)	114 (41.3%)	8 (2.8%)
>2	115 (22.7%)	48 (41%)	36 (31.3%)	29 (25.21%)	2 (1.7%)
0	16 (3%)	0 (0%)	2 (2.5%)	3 (18.7%)	11 (68%)

This table indicate that women who completed her family would prefer to use female sterilization method.

DISCUSSION

The acceptance or denial of contraceptive methods is

influenced by individual, family and community-level factors. This study provides valid data on the pattern of use of different contraceptive methods among women attending OPD in a civil hospital in Ahmedabad, where majority of women have primary education. The use of modern temporary methods was high compared to traditional methods. 84.2% women currently using any method of contraception. It is a very positive indication towards controlling fertility of having a major users of family planning methods. Current contraceptive prevalence 56 % in NFHS 4 has remained unchanged from NFHS 3. The contraceptive prevalence rate appears to have stagnated after 2004. Among 84.2% women using contraceptive method, modern temporary method was observed in 38.3% women. There is slight increase in awareness about modern method of contraception from 98.0% of women in NFHS 3 to 99.2% in NFHS 4.

The foregoing analyses confirm our hypothesis that women from poor and marginal communities continue to have less opportunities for modern method choices other than sterilization. Socioeconomic dimensions have a major influence on method choices, and the effects are not linear as expected. The primary variables – age, religion, education, socioeconomic class– show significant association with method choices and the patterns are fairly consistent across different socioeconomic groups. According to the National Family Health Survey-3 (NFHS3), current usages of modern reversible method among 20–24 year-old married young women were 14.9%. The estimates from this study show that the current usage reversible method among 18–24-year old women were 48.4%. These estimates are high compared to NFHS3 estimates. Sterilization choice is common among women from poor households and those with little or no education. The positive effect of education on modern temporary method choices is widely acknowledged. Educated women generally have better access and sufficient knowledge about the efficacy of modern methods in preventing conceptions. Chaurasia did an exploratory study using a multidimensional approach to analyse contraceptive use pattern among different groups of women. In that study, the prevalence of use of permanent methods was decreased and of modern spacing methods was increased with increasing level of wife's education. Also, the prevalence of use of modern spacing method increased with higher levels of living standards.

de Oliveira *et al.* also reported that highly educated and professionally skilled women mostly preferred alternative temporary methods, and relatively higher proportion of Muslim women preferred traditional or modern temporary methods than tubal occlusion in their study. Chaurasia also reported that Muslim women showed some type of stigma against permanent methods of contraception. Also, the prevalence of use of modern spacing methods and traditional methods were high among Muslim women who had an average standard of living. But in the present study, No any significant difference in the use of contraceptive methods or in preferring tubal occlusion with respect to women from different religious groups. In this study, 41% of women preferred tubal occlusion when their family size was complete. The most reported reason for preference to tubal occlusion was the perception of its safety, surety and its acceptability in the society. Largely, socioeconomic status determines the persistent dominance of tubal occlusion. However, the importance of education is clearly shown by the data where the preference for female sterilization among highly educated women was less compared to women who had low levels of education. This study shows that not only the lack of information and motivation, but also the economic implications should be taken into account to promote the use of reversible methods among young women.

CONCLUSION

Age, religion and women's education had overarching influence on method of choice amongst recent users. Women's empowerment through educational attainment and proper information on the available contraceptive methods can gradually change the dominance of preference for female oriented temporary permanent method of contraception and lean towards modern temporary methods.

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