



ASSESSMENT OF THE ACCEPTABILITY OF CONTRACEPTIVE USE AMONG THE WOMEN OF RURAL AREAS OF KHAMMAM

Mule Anusha*

M.S (OBG) PG 3rd Year & Mamata General Hospital, Khammam
*Corresponding Author

Ramavath Hima Bindu

M.S (OBG) PG 3rd Year & Mamata General Hospital, Khammam

ABSTRACT Aim of the study was to document the prevalence of use of Contraceptives among the rural areas of Khammam. Specific objectives were to document different methods used for contraception, to assess the knowledge regarding contraception and to identify the reasons of use and non-use among rural areas. 200 females were recruited to assess the use of contraceptives from different rural areas of Khammam. Questionnaires were filled and data was analyzed. The significance for religious factor was checked. From the data obtained, the acceptability of contraceptive usage was high among women belonged to lower class (35%). Most of women belonged to 21-25 yrs (45%). Acceptability of contraceptive usage was high among literate women (67.5%) when compared to illiterate women. Most of women were housewives and belonged to Hindu religion. Women were mostly in favour of female sterilization (51%) and least with oral contraceptive pills.

KEYWORDS : Contraception, Khammam, Contraceptive Preferences.

INTRODUCTION

The term world population commonly refers to the total number of living humans on earth at a given time. In the mid 2019 the world population is 7.7 billion. 97% of which was contributed by developing countries. One of the reasons for this rise of population is thought lack of contraceptive methods in spite of women wanting to control their family and they want to space births.

Family planning is an integral part of daily living and overall health. In India, the family planning programme was implemented in 1952 as a national population policy to control the rapid growth of population and reduce poverty.^{1,2} It allows individuals and couples to attain their desired number of children and the spacing and timing of the birth.

The utilization of contraceptive methods among Indian women is related to several factors such as personal, interpersonal, partner related, service related and/or method related.³

AIMS & OBJECTIVES:

To study the prevalence use of contraceptives among the rural areas of khammam.

MATERIALS AND METHODOLOGY:

In this study we studied and documented the prevalence of contraceptive uses in rural areas of khammam.

- To document different methods used for contraception.
- To assess the knowledge regarding contraception and
- To identify the reasons of non use in the rural areas

STUDY DESIGN

Cross sectional study in which data was collected in the month of June 2019. The study was conducted at an outpatient basis coming to Mamata General Hospital from rural areas of khammam.

SAMPLE SIZE: 200

TOOL DEVELOPMENT

The tool used was questionnaire. the questionnaire was developed with the help of existing literature and with the discussion.

LIMITATIONS

The study could have been conducted about the acceptability of use of contraceptives among men and factors affecting their use but due to communication problems it was not feasible

RESULTS

TABLE – 1 SOCIO ECONOMIC STATUS

Socio Economic Status	Number	Percentage(%)
Upper Class	0	0
Upper Middle Class	27	13.5
Upper Lower Class	47	23.5

Lower Middle Class	56	28
Lower Class	70	35
Total	200	100

TABLE – 2 AGE

Age	Number	Percentage(%)
21-25	90	45
26-30	60	30
31-35	50	25
Total	200	100

TABLE – 3 EDUCATION

Education	Number	Percentage(%)
21-25	90	45
26-30	60	30
31-35	50	25
Total	200	100

TABLE – 4 OCCUPATION

Occupation	Number	Percentage(%)
Housewife	144	72
Working	56	28
Total	200	100

TABLE – 5 RELIGION

Religion	Number	Percentage(%)
Hindu	130	65
Muslim	52	26
Others	18	09
Total	200	100

TABLE – 6 MODE OF CONTRACEPTION

Mode of contraception	Number	Percentage(%)
OC pills	16	08
IUCD	18	09
Injectables	50	25
Tubal ligation	102	51
Others	14	07
Total	200	100

DISCUSSION

Contraception is the use of artificial or natural means to prevent conception or pregnancy. Unintended pregnancy is a very serious issue which results in poor maternal child health, low birth weight and

delayed perinatal attendance.

Women were familiar with different family planning methods especially modern contraception except vasectomy. Among traditional methods the majority of participants had little knowledge and were in different towards breastfeeding as a natural way to avoid pregnancy. It is important to note that the majority of young married couple do not practice family planning owing to various social stigmas.

Females do not practice family planning without their husbands and mother in laws approval. There were persistent problems such as accessibility affordability and unavailability in the rural areas of khammam. Women depending on the ability to afford prefer to go to private health facilities as they are Perceived to have sufficient and responsive staff, were well equipped and provided quality services.

Government health facilities most of the participants claimed either were dysfunctional or lacked staff/services. Nonetheless this method in spite of the utility are associated with adverse effects like IUDs are associated with serious infections and pills produce headache, breast tenderness weight gain, irregular menstruation and depression. Those man who can talk to the spouse about family planning prefer to use condoms to avoid any ill health to the female.

CONCLUSIONS

This study provides insight into the local contexts related to the family planning knowledge, attitudes perceptions and practices and also highlights the need for contraceptives especially for long acting and reversible contraceptives. This study also identified the need for qualified and trained female healthcare especially for long-term family planning services including IUD well established health facilities instead of camps setup occasionally. In addition the study findings revealed that most of the couple do not use contraception either because they are newly married or because they have few children.

The study also identified strong need for involving men in healthcare programs designed to improve women and newborns health as they mostly influence decision making at the household level and this will also result in active male participation and community ownership.

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