



A STUDY ON FACTORS INFLUENCING CONTRACEPTIVE PRACTICES AMONG ELIGIBLE COUPLES OF URBAN FIELD PRACTICE AREA, DEPARTMENT OF COMMUNITY MEDICINE, FACULTY OF MEDICAL SCIENCES KHAJA BANDA NAWAZ UNIVERSITY, KALABURAGI

Dr. M A Fahim

Assistant Professor, Dept of Community Medicine KBNIMS

Dr. Saraswati V. Sajjan

Assistant Professor, Dept of Community Medicine, ESIC

Dr. M A Baseer

Associate Professor, Dept of Community Medicine KBNIMS

ABSTRACT

Background: According to Census 2011, India's population stood at 1,21,01,93,422, and the last decade has seen India's population growth by 17.64%. This high growth rate in India is a threat to its developmental and the unlimited utilization has caused various problems like unemployment, overcrowding and environmental pollution. The contraceptive methods have not been widely accepted by a large number of the eligible couples and the extent of acceptance of contraceptive methods still varies within societies and also among different religious groups. This study was done to find out influencing factors for the acceptance of contraceptives among the eligible couples of the urban field practice area, Department of Community Medicine, Faculty of Medical Sciences, KBNU, Kalaburagi. **Objective:** To find out the proportion of eligible couples using contraceptive methods and factors influencing its acceptance among the eligible couples of the urban field practice area, Department of Community Medicine, Faculty of Medical Sciences, KBNU, Kalaburagi. **Methodology:** A Cross-sectional study was conducted in urban field practice area of Department of Community Medicine, Faculty of Medical Sciences, KBNU, Kalaburagi. Socio-demographic details, contraceptive methods used and factors influencing its usage were collected using pre-tested, semi-structured questionnaire. Data was analyzed using Epi-Info 7 software and appropriate statistical tests were applied. Level of significance was set at a P value of <0.05. **Results:** Out of 357 populations, 95 belonged to the age group 26-30 years. 121(33.89%) opted for tubectomy, 38(10.64%) were taking OCP'S, 25(7%) using condoms, 11(3.08%) have IUCD'S, 3(0.84%) were using injectable contraceptives, and only 1 opted for vasectomy. Statistically significant association of contraceptive acceptance was found with type of family, early years of marriage, education of the husband, more number of living children and presence of male child. **Conclusions:** In order to make family planning effective, counseling and education should be provided to eligible couples to dismiss false facts regarding side effects of contraceptive methods.

KEYWORDS : Contraception; Family Planning; Eligible Couples, Urban Field Practice Area; KBNU; Kalaburagi;

INTRODUCTION

India accounts for 2.4% of the world's surface area yet it supports 16.7% of the world's population. As the population grows, the pressure on natural resources will intensify. Population pressure will reduce the per capita availability of land for farming, which will affect availability of food grain, drinking water, besides excluding millions of people from the benefits of health, education and the opportunity to become productive members of the society.⁽¹⁾

In the states where the growth rates are high, maternal mortality and infant mortality are also very high. The societal pressure for early child bearing and lack of spacing thereafter affects the mother's health and can lead to birth of an underweight child or even death of the child. This sets in motion a vicious cycle of births, deaths and ill health.⁽¹⁾

The extent of acceptance of contraceptive methods still varies within, between societies, and among different castes and religion groups. The factors responsible for such varied picture operate at the individual, family and community levels with their roots in the socioeconomic and cultural milieu of Indian society. Of the different methods of family planning, sterilization accounts for 70% of which, tubectomy remains the mainstay. Failure to target men in reproductive health interventions has weakened the impact of reproductive health care programmes.⁽²⁾

It is obvious that despite good interventions and concerted efforts, we have failed in controlling our population. The available methods are more than adequate but what is lacking is the will to use them. This brings in the philosophical question as to what is meant by 'will' and why the 'will' is not there.⁽³⁾

The World Conference of the International Women's Year in 1975 also declared, "It is the right of women to decide freely and responsibly on the number and spacing of their children and to have access to the information and means to enable them to exercise that right." Thus during the last few years, family planning has emerged from whispers in the private quarters to the focus of international concern as a basic human right and the component of family health and social welfare.⁽⁴⁾

The higher fertility of India is attributed to universality of marriage, low level of literacy, poor level of living, unmet need of contraceptives and traditional ways of life. Studies have shown that deep-rooted religious and other beliefs and attitudes and practices favoring larger

families and militating against contraception have complicated the population problem.⁽⁵⁾

Keeping in view the above points, the study was planned to be carried out in the urban field practice area of Department of Community Medicine, Faculty of Medical Sciences, Khaja Banda Nawaz University, Kalaburagi.

METHODOLOGY

A cross sectional community study was conducted among eligible couples in urban field practice area of Department of Community Medicine, Faculty of Medical Sciences, Khaja Banda Nawaz University, Kalaburagi from June 2022 to July 2022 after taking Ethical clearance from our Institutional Ethical Committee. Data was collected in Google form using a pre-tested semi-structured questionnaire after taking the verbal consent of the participant. A study conducted by Dr. Pallavi Vivek Raikar among married women of reproductive age residing in urban field practice area of s. n. medical college, Bagalkot⁽⁶⁾ found prevalence of contraceptive use to be 55%. This prevalence was used to calculate our study sample size.

Sample size calculation: Formula $N = (z^2pq)/d^2$

Where

N=Sample size estimate

z=Standardized normal deviate (1.96)~2

p= Proportion of target population with characteristic being measured:55

q=(100-p):100-55=45

d= Relative precision: 10% of P

$$N = \frac{2 \times 2 \times 55 \times 45}{5.5 \times 5.5}$$

$$N = 327.27 \sim 328$$

Sampling method

According to survey done last year total eligible couples in our urban field practice area are 2286. Urban field practice area is divided into 4 wards, each having almost same population and eligible couples. From each ward we selected equal sample randomly. Total sample collected was 357. We analyzed the data using Epi-Info 7 software. Results were expressed in terms of frequencies and statistical analysis was done using chi-square test and odds ratio. Statistical significance was kept at <0.5.

RESULTS:

Majority of the participants were Muslims (89.92%) and Hindus were (10.08%) . 56.3% of the couples were found using any one of the method of contraception and tubectomy was done in 33.89% women. The main source of information about contraceptives for women was doctors' i.e 55.18 % followed by relatives and mass media 15.41 % and 14.29 % respectively. (Table 1)

Table 1: Distribution based on type of contraceptive used and source of information

	Frequency	Percent
Contraceptive method		
Condoms	25	7.00 %
Injectable	3	0.84 %
IUCD	11	3.08 %
OCP	38	10.64 %
Rhythm method	2	0.56 %
Tubectomy	121	33.89 %
Vasectomy	1	0.28 %
Nothing	156	43.70 %
Source of information about contraceptive methods		
Doctor	197	55.18 %
Friends	2	0.56 %
Husband	39	10.92 %
Mass media	51	14.29 %
Nurse	1	0.28 %
Relatives	55	15.41 %
Any other health worker	8	2.24 %
No information	4	1.12 %
Total	357	100.00 %

In our study we found usage of contraception is statistically associated with type of family, early years of marriage, education of the husband, more number of living children and presence of male child. (Table 2)

Table 2: Factor affecting usage of contraceptives

Factors	Using contraception		Total (%)	Test	P-Value
	NO (%)	YES (%)			
Religion					
Hindu	21(58.33)	15(41.66)	36 (100)	X2=3.4859, DF=1, OR=1.92, CI=0.95-3.87	0.0618
Muslim	135(42.05)	186(57.94)	321 (100)		
Type of family					
Joint	83(54.24)	70(45.75)	153 (100)	X2=11.37, DF=1, OR=2.12, CI=1.38-3.26	<0.001
Nuclear	73(35.78)	131(64.21)	204 (100)		
Socio-economic class					
1	19(55.88)	15(44.11)	34 (100)	X2=6.113, DF=4,	0.1909
2	20(46.51)	23(53.48)	43 (100)		
3	43(47.77)	47(52.22)	90 (100)		
4	52(42.27)	71(57.72)	123 (100)		
5	22(32.83)	45(67.16)	67 (100)		
Age of the women					
11-15	7(28)	18(72)	25 (100)	X2=16.82, DF=5,	0.0049
16-20	93(38.75)	147(61.25)	240 (100)		
21-25	48(61.53)	30(38.46)	78 (100)		
26-30 / more	8 (57.14)	6(42.86)	14 (100)		
Education of husband					
Post-graduate	3 (42.86)	4 (57.14)	7 (100)	X2=17.5717, DF=6	0.0074
Graduate	32 (62.75)	19 (37.25)	51 (100)		
PUC/ Diploma	22 (37.93)	36 (56.30)	58 (100)		
High school	41 (37.96)	67 (62.04)	108 (100)		
Higher prim	29 (58.00)	21 (42.00)	50 (100)		
Primary	12 (42.86)	16 (62.07)	28 (100)		
Illiterate	17 (30.91)	38 (69.09)	55 (100)		
Education of the women					

Post-graduate	5(62.5)	3(37.5)	8 (100)	X2=8.6717, DF=6	0.1929
Graduate	29(60.41)	19(39.58)	48 (100)		
PUC/ Diploma	23(37.09)	39(62.90)	62 (100)		
High school	45(42.45)	61(57.54)	106 (100)		
Higher prim	25(39.68)	38(60.31)	63 (100)		
Primary	10(37.03)	17(62.96)	27 (100)		
Illiterate	19(44.18)	24(55.81)	43 (100)		
Occupational status of the women					
Home-maker	132(42.71)	177(57.28)	309 (100)	X2=0.6238, DF=1, OR=1.34, CI=0.72-2.46	0.344
Working	24(50)	24(50)	48 (100)		
No of living children					
0	21(100)	0(0)	21(100)	X2=75.947, DF=8	<0.001
1	36(76.59)	11(23.40)	47(100)		
2	49(48.51)	52(51.48)	101(100)		
3	27(35.06)	50(64.93)	77(100)		
4 or more	23(20.73)	88(79.27)	111(100)		
No of male children					
0	52(80)	13(20)	65 (100)	X2=55.3155, DF=5	<0.001
1	65(46.09)	76(53.90)	141 (100)		
2	25(25.77)	72(74.22)	97 (100)		
3	10(27.02)	27(72.97)	37 (100)		
4 or more	4(23.52)	13(76.48)	17 (100)		

DISCUSSION

In our survey out of 357 eligible couple, 201(56%) are using any one of the method of contraception while 156 are not using any contraception. A study conducted by Bhasin S.K. et al. (2001) in Delhi⁽⁷⁾ reported that 59.8% of the eligible couples adopted some or the other method of contraception which is nearly same as our study.

Our study reveals that the acceptance of terminal method (tubectomy) was higher with 33.89% when compared with individual spacing methods like OCP, condom, IUCD, rhythm method which were 10.64%, 7%, 3.08%, 0.28% respectively. Puri A. et al. (1999) in Delhi⁽⁸⁾ reported that tubectomy accounted for 58.3% among the current contraceptive users which was way higher than our study. While another study conducted by Shweta and Singh (2010) in Varanasi, Uttar Pradesh⁽⁹⁾ reported better acceptance of temporary contraceptives than our study.

Further, Muslims had higher rate of contraceptive used (58%) than Hindus (41%) with a ratio of 1.4:1. While study by Donati S. et al. (2001) in Kakching, Manipur⁽¹⁰⁾ reported that the use of family planning methods was higher among Hindus (62.0%) than among Muslims (17.0%) which were different from our study findings.

Adoption of family planning methods was more among respondents from lower SES (67.16%) compared to higher SES (44.11%) but the difference was not statically significant (P=0.1909). Chattopadhyay T. et al. (1997)⁽¹¹⁾ reported opposite findings stating that contraceptive acceptance is better among women from higher SES. Also Shweta and Singh M.B. (2010) at Kashi Vidyapeeth Block, Uttar Pradesh⁽⁹⁾ and Patro B.K. et al. (2003) in resettlement colony of Delhi⁽¹²⁾ observed that as the socio-economic status increases, adoption of family planning is seen to be more.

Acceptance of contraception was significantly higher among women who were above 16-20 years of age (61.25%). A study done at urban slum area of Delhi by Puri A. et al. (1999)⁽⁸⁾ observed that the contraceptive use pattern was highest for age 35-39 years.

Contraceptive acceptance was highest (69.09%) among women whose husbands were illiterate while it was lowest (37.25%) among women whose husbands were graduates. Findings of the Singh N. et al. (2009) in Patiala, Punjab⁽¹³⁾ showed that contraceptive prevalence was 81% among women whose husbands were educated while it was 73% among females whose husbands were illiterate or less educated.

The acceptance of family planning methods was more among the females who were homemakers (57.28%) as compared to those among working women (50%). Similar findings were seen in a study conducted by Divya S. and Kushwah (2010) in Rewa (Raipur)⁽¹⁴⁾,

where they observed better acceptance of contraceptives among housewives (52.3%) than in working women (47.7%).

As per our study contraceptive usage was highest (79.27%) among couples who have 4 or more children. Singh R.K.N. et al. (2004) in Imphal, Manipur⁽²⁾ and Mohanan P. et al. (2003) in Dakshin Kannada⁽¹⁵⁾ revealed that majority of the women accepted permanent contraception after having 3 or more living children.

It was observed that having at least 1 male child is the deciding factor for limiting the family size. Acceptance of contraception increased with increase in number of male children. Same was reported by Kansal A. (2004) in Dehradun⁽¹⁶⁾ revealing that acceptance of permanent method of family planning increased with number of male children.

CONCLUSION:

In order to make family planning effective, counseling and education should be provided to eligible couples to dismiss false facts regarding side effects of contraceptive methods. Efforts must be done to promote societal receptivity to contraceptive use, which can help women overcome the social and cultural barriers to achieve their desired family size. Young married women should be encouraged to use reversible contraceptive methods and permanent contraceptive methods can be encouraged in couples who have completed their families. Education of women should be given importance. This can improve their standard of living in the community, thereby increasing the age of women at marriage for better acceptance and compliance of contraceptive use. Couples should also be educated regarding gender equality and treating both sons and daughters equally as presence of male child was a significant factor for acceptance of permanent contraception.

REFERENCES:

1. National Population Stabilisation Fund. Jansankhya Sthirata Kosh. Available from: <http://www.jsk.gov.in/why-population-matters.asp>. last accessed on 08/07/22.
2. Singh RKN, Devi IT, Devi B, Singh MY, Devi N, Singh NS. Acceptability of contraceptive methods among urban eligible couples of Imphal, Manipur. *Indian Journal of Community Medicine* 2004;29(1):13-17.
3. Rao AJ. A holistic approach to population control in India. *Journal of Biosciences* 2001;26(4):421-3.
4. Park K. Park's Textbook of Preventive and Social Medicine. 21st ed. Jabalpur: M/s Banarsidas Bhanot (Publishers); 2011. p.454, 456,473.
5. Mandal NK, Mallik S, Roy RP, Mandal SB, Dasgupta S, Mandal A. Impact of religious faith and female literacy on fertility in a rural community of West Bengal. *Indian Journal of Community Medicine* 2007;32(1):12-4.
6. Raikar PV. Socio-demographic determinants of current contraceptive use and unmet need among married women of reproductive age residing in urban field practice area of sn medical college, bagalkot (Doctoral dissertation).
7. Bhasin SK, Pant M, Metha M, Kumar S. Prevalence of usage of different contraceptive methods in East Delhi-A Cross Sectional Study. *Indian Journal of Community Medicine* 2005;30(2):53-5.
8. Puri A, Garg S, Mehra M. Assessment of unmet need for contraception in an urban slum of Delhi. *Indian Journal of Community Medicine* 2004;29(3):139-40.
9. Shweta, Singh M B. Knowledge and pattern of family planning adoption in Kashi Vidyapeeth block, Varanasi District (U.P.). *Indian Journal of Preventive and Social Medicine* 2010;41(1&2):21-7.
10. Donati S, Sharma N, Medda E, Grandolfo M. Family planning knowledge attitude and practice (KAP) survey in Manipur state. *J Obstet Gynecol Ind* 2003;53(5):485-90.
11. Chattopadhyay T, Mundle M, Shrivastava P, Chattopadhyay D, Mitra SP. Limiting factors in contraceptive acceptance in urban slum with or without ICDS. *Indian Journal of Community Medicine* 2004;29(3):109-10.
12. Patro BK, Kant S, Baridalyne N, Goswami AK. Contraceptive practice among married women in a resettlement colony of Delhi. *Health and Population Perspectives and Issues* 2005;28(1):9-16.
13. Singh N, Kaur G, Singh J. The use of contraceptives and unmet need family planning in rural area of Patiala district. *The Journal of Family Welfare* 2009;55(2):34-8.
14. Divya S, Kushwah SS. A comparative study of reproductive health among working women and housewives in Rewa municipal area. *Indian Journal of Maternal and Child Health* 2010;13(2):2-6.
15. Mohanan P, Kamath A, Sajjan BS. Fertility pattern and family planning practices in a rural area in Dakshina Kannada. *Indian Journal of Community Medicine* 2003;28(1):15-8.
16. Kansal A, Chandra R, Kandpal SD, Negi KS. Epidemiological correlates of contraceptive prevalence in rural population of Dehradun district. *Indian Journal of Community Medicine* 2005;30(2):60-2.