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Research Paper

Education Status And Its Impact on Contraceptive Choice in Married Women in Urban Field Practise Area in Eastern India

Medical Science

KEYWORDS : contraceptive use, education status , urban

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ABSTRACT

Introduction: Women and men in many countries still lack adequate access to contraceptives, unless they are given the option of controlling their fertility, severe environmental and health problems loom in the coming century throughout large parts of the world". More than 100 million women in developing countries or about 17% of all married women would prefer to avoid a pregnancy but are not using any form of family planning. Since fertility in India is primarily marital, the aim of this study is to look at some factors that may affect different methods of contraception among married women at the different level.
Aims and objectives: The present study was undertaken to assess the effect of educational status of the women and its impact on their contraceptive choices among married women in the age group of 15-45 years, in urban community in Bhubaneswar
Results: Majority 81(46.02%) of contraceptive users had atleast Secondary level of education. Educational status and type of contraception are associated and it is statistically significant.

INTRODUCTION:

WHO defined Family planning as "a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individuals and couples, in order to promote the health and welfare of the family group and thus contribute effectively to the social development of the country". India's population has been steadily increasing since 1921.India's population is currently increasing at the rate of 16 million each year. India's population numbered 238 million in 1901, doubled in 60years to 439 million (1961), doubled again, this time in only 30 years to reach 846 million by 1991.It crossed 1 billion mark on 11th may 2000, and is projected to reach 1.53 billion by the year 2030.This will make India the most populous country in the world, surpassing China.[1]

Women and men in many countries still lack adequate access to contraceptives, unless they are given the option of controlling their fertility, severe environmental and health problems loom in the coming century throughout large parts of the world"[2]. More than 100 million women in developing countries or about 17% of all married women would prefer to avoid a pregnancy but are not using any form of family planning[3].

Since fertility in India is primarily marital, the aim of this study is to look at some factors that may affect different methods of contraception among married women at the different level.

MATERIALS AND METHODS

Aims and Objectives: The present study was undertaken to assess the effect of educational status of the women and its impact on their contraceptive choices among married women in the age group of 15-45 years, in urban community in Bhubaneswar.

Type of the study: It is a community based cross-sectional study.

Area of the study: Urban field practice area of Hi-Tech Medical College & Hospital, Bhubaneshwar.

Study Population: Currently married women in the reproductive age group of 15-45 years, residing in urban field practice area of Hi-Tech Medical College & Hospital

Inclusion Criteria:

1. Women who are married, age of 15-45 years and living with their husbands.

2. Pregnant and post-partum amenorrhoeic women are also included.

Exclusion Criteria: - Those who are not willing to give their consent.

- Unmarried women.
- Absent at the time of study.

Study period:-Two years from November 2013 to October 2015

Sampling Design:-Simple random Sampling.

Sample Size:

The calculation of the sample size was estimated with the following formula:-

$$n = Z^2 \frac{pq}{d^2}$$

Where,

n=sample size required

Z=Standard normal variant i.e. 1.96

p=prevalence rate

q=1-p

d=desired level of significance, which is 6%

$$(1.96)^2 x \frac{56.3}{100} x \frac{43.7}{100} / \frac{6}{100} x \frac{6}{100} = \frac{3.84 \times 56.3 \times 43.7}{36} = 262$$

Add 10% for non response or absence from the study for which the sample size becomes 262 + 10% = 262+26=288 or say 300. Hence the final sample size was taken as 300.

Sampling technique: A simple random sampling technique was adopted to select 300 samples out of the sampling

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frame. The help of the random number table was taken to select all the 300 sampling units. All the 1161 numbers of married women were serially numbered and applying the random number table all the 300 units were selected. Necessary consent was obtained from the respondents before they were provided with the questionnaire after obtaining consent the respondents were oriented regarding filling up the questionnaire.

Data Collection: The data was collected by interviewing the women using a predesigned and pretested questionnaire in their own local language, during home to home visit. Information was collected regarding their age, education, occupation, religion, income and also about their marital history like their age at the time of marriage, duration of married life, their present parity status, if they were pregnant or post partum amenorrhoeic and also regarding the use of contraception. The knowledge regarding contraception and also the reasons for non use of contraceptives were meticulously enquired after taking the women into complete confidence. At the end of the filling up of questionnaire, any misconceptions or queries regarding were clarified and the respondents were thanked for extending their co-operation.

Data analysis: To summarize the data percentages were used. Chi-square test was used to test the association between the factors influencing and family planning practices. The data analysis was done using statistical software Minitab and SPSS version 19.

RESULTS:

Table 1: Distribution of the study population according to the Literacy status.

Educational status	Current users	Percentage (%)
Illiterate	31	17.6
Primary	20	11.4
Secondary	81	46.02
PUC	21	11.92
Degree	23	13.06
Total	176	100

In the above table it is observed that, majority 81(46.02%) of contraceptive users had atleast Secondary level of education. In a similar study it was observed that 66.7% women using contraceptive had metric and above level of education, 16% had under metric level of education, 28% were illiterates[4].

Table 2: Distribution of study population according to the Educational status and current type of contraception.

Educational status	Natural methods	Condoms	Copper-T	OC pills	Tubectomy	Total (%)
Illiterate	0	0	4	0	27	31(17.6)
Primary	0	0	0	0	20	20(11.4)
Secondary	5	3	9	7	57	81(46.02)
PUC	0	7	0	4	10	21(11.92)
Degree	4	7	0	0	12	23(13.06)
Total(%)	9(5.1)	17(9.7)	13(7.4)	11(6.2)	126(71.6)	176(100)

Chi-square value with 16 degrees of freedom=65.6081, p- value= <0.001, therefore educational status and type of contraception are associated and it is statistically significant. In the above table it is observed that majority 81(46.02%) of women who practiced some type of contraceptive methods had secondary level of education. Low acceptance of temporary methods which was 7% seen predominantly among the higher secondary educated women, which is contrary to the studies which reveal that use of temporary methods are more popular among those with less education[5]. These findings are similar to NFHS-2 study, which reveals that female sterilization is most popular method among all educational levels. Also use of IUD's, Condom, and traditional methods are more popular among women with at least middle school education than among those with less education.

RECOMMENDATIONS :

Since educational status is seen to affect the contraceptive choices in women it is essential to focus more on educating the girl child in a bid to control population explosion in the long run.Primarily the community and the families' attitude should change towards women's education, by way of women's empowerment, interactive club etc. This can improve their standard of living in the community, thereby increasing the age at marriage for better acceptance and compliance of contraceptive use.

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