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STUDY OF CONTRACEPTIVE PRACTISES IN A TERTIARY CARE CENTRE OF EAST INDIA

Gynaecology

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ABSTRACT

Background: India was the first country to launch the National Family Welfare Programme in 1951. The objective of the programme was to reduce the birth rate to the extent necessary to stabilize the population at a level consistent with the requirement of the National economy (1).

Aims And Objectives

1. To study the pattern of contraceptive usage in married women in reproductive age group.
2. To determine the extent of awareness about various contraceptive practices in this age group.

Material And Methods: This was a cross sectional descriptive study conducted among 5000 married women in reproductive age group visiting the RCH wing and labour room of a tertiary care hospital from 1.3.2019 to 29.2.2020. After taking informed consent subjects were interviewed according to a preformed questionnaire. The data was analysed using Microsoft excel.

Results: 82.5 % of the women were aware about one or more of available contraceptive practices. 50.08 % of the women knowing about contraception actually practiced one of the methods.65.38 % were using temporary methods of contraception. IUCD was the most common method of temporary contraception used by 25.04 %. 34.62 % opted for permanent method of contraception.49.92 % of women had unmet needs of contraception.

Conclusion: The most common method of temporary contraception was IUCD. 49.92 % had unmet needs of contraception. This was probably due to illiteracy, lack of awareness, family pressure to bear male child, religious customs and social stigmas.

KEYWORDS

Contraception, Awareness, IUCD, MPA, MALA-N, Condom

INTRODUCTION

According to WHO, family planning is defined as "the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births". It is achieved through use of contraceptive methods.

On 11 May, 2000 India was projected to have 1 billion (100 crore) people, i.e. 16 percent of the world's population on 2.4 percent of the globe's land area. If current trends continue, India may overtake China in 2045, to become the most populous country in the world (2).

For improved access to contraceptives and family planning services in high fertility districts spreading over seven high focus states of Bihar, Uttar Pradesh, Assam, Chhattisgarh, Madhya Pradesh, Rajasthan & Jharkhand, the Ministry of Health and Family Welfare launched "**Mission Pariwar Vikas"**in 2016. It aims to ensure availability of contraceptive methods at all the levels of Health Systems. Its overall goal is to reduce India's overall fertility rate to 2.1 by the year 2025. Under this scheme newly introduced contraceptives: Injectable Contraceptive, MPA (Medroxyprogesterone acetate) under Antara program and Chaya (earlier marketed as Saheli) is made freely available to all government hospitals and emphasis is given on Spacing methods like IUCD(3).

Recent surveys show that majority of Indian states fertility rate has fallen well below the replacement level of 2.1 and the country is fast approaching the replacement level itself. The total fertility rate of India stands at 2.2 as of 2017.The TFR of Bihar was 3.2 in 2017(4).

With this in mind the present study was done to study the contraceptive usage in the one of the most populous region of India.

AIMS AND OBJECTIVES

1. To study the pattern of contraceptive usage in married women in reproductive age group.
2. To determine the extent of awareness about various contraceptive practices in this age group.

MATERIALS AND METHODS

This was a cross sectional descriptive study conducted among 5000 married women in reproductive age group visiting the RCH wing and/or delivered in labour room of a tertiary care hospital either vaginally or through LSCS from 1.3.2019 to 29.2.2020. After taking informed consent subjects were interviewed according to a preformed questionnaire :

1) If they knew about or had heard of any of the available mode of contraception.
2) They were then counseled about the available mode of contraception.
3) The form of contraception accepted in practice by them was then noted.

The data was analysed using Microsoft excel.

RESULTS

A total number of 5000 women were interviewed during this period.

Table 1: Sociodemographic profile of women

	Category	Number (n=5000)	Percentage (%)
1.	Rural	3800	76
	Urban	1200	24
2.	Age		
	<18	250	5
	18-29	2200	44
	>=30	2550	51
3.	Education		
	Illiterate	1912	38.24
	Primary education	2188	43.76
	Secondary education	900	18
4.	Parity		
	Primi	1100	22
	Multi	3900	78
5.	Religion		
	Hindu	3256	65.12
	Muslim	1709	34.18
	Christain	25	0.5
	others	10	0.2

4125(82.5%) of these women had awareness about 1 or more form of contraception. 17.5% of women were unaware of any form of contraception.(Table 2)

Table 2: Knowledge or awareness about contraceptive practises

	TYPE	Number (n=4125)	Percentage (%)
1.	IUCD	2128	51.59
2.	Oral pills	2928	70.98
3.	Injectables	1514	36.70
4.	Male Condoms	2345	56.84
5.	Ligation	3011	72.99
6.	Natural birth spacing methods	123	2.98
7.	Female diaphragm	0	0

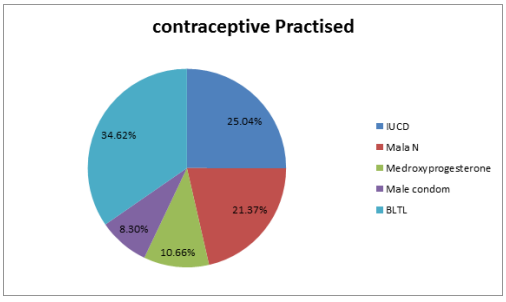
2504 of these women adopted one of the available modes of contraception (50.08%).

65.38% of women opted for temporary method of contraception.

Among all contraception supplied by state government in our hospital IUCD was most commonly accepted temporary form of contraception used by 627 of 2504 (25.04%) followed by Mala N by 535 of 2504 (21.37%)), MPA by 267 of 2504 (10.66%) and Male Condoms by their husbands in 208 of 2504(8.30%)

Permanent sterilization (BLTL) was done in 867 out of 2504 (34.62%) women either interval or PPIUCD or postabortal.(fig 1)

Figure 1: Types of Contraception Practised



So, the unmet needs of contraception are seen in 49.92% women.

DISCUSSION

82.5% of subjects had awareness/knowledge about any of the contraceptive practices in my study. Other studies done in the past showed awareness in 79%, 100%, 100% cases (5, 6, 7).

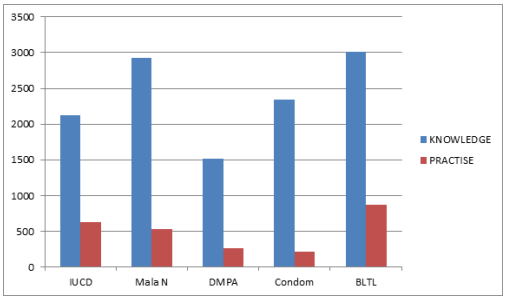
100% awareness is due to the fact that these studies were done among health workers or in urban community. In my study 76% of women were from rural background, 38.24% were illiterate and 43.76% had primary education only.

Only 50.08% of women chose to practice one of the forms of contraception after counseling about all available forms of contraception, their benefits and side effects.

Study done by Quereishi et al showed practice rate of 53% (ever) and 26%(at time of study)(5). George et al showed 57.3% practice rate (7). Wani et al showed 72.3% practice rate and least knowledge practice gap as study was done in health workers and 78.8% had been given information from trainers(6).

There was a gap between knowledge and practice of contraception.(fig 2)

Figure 2: Knowledge practice gap in contraceptive usage



This gap is mainly due to rural background of women, lack of education, awareness, fear of side effects and myths (some feared that IUCD caused cancer), pressure to bear male child and to some extent religious beliefs. According to other studies main barriers were refusal by husband, side-effects, desire for male child, lack of awareness and lack of knowledge (5,7,8).

As we can see from the figure BLTL was the most preferred method of contraception probably due to the fact that more no. of multigravidas were enrolled in study.

Most common temporary mode of contraception was IUCD in my tudy. Similar finding was seen by Quereishi et al (5). However, George et al found condoms to be most commonly used (73.9%) followed by oral pills (39.2%) and then IUCD(23.9%) (7). Also, Nagarmala et al found oral pills to be most commonly practiced (56.60%)(8).

CONCLUSION

The most common method of temporary contraception was IUCD. 49.92 % had unmet needs of contraception. This was probably due to rural background, illiteracy, lack of awareness, family pressure to bear male child, religious customs and social stigmas.

To increase the knowledge rate and decrease the gap between knowledge and practice government should:

1. Strengthen health programmes through training of health workers like medical professionals, ANM, ASHA etc. who in turn will spread awareness in a programmed fashion.
2. Increase media promotion about available modes and clear myths about certain contraceptive use through advertisements, hoardings and nukkad nataks. They should also emphasize on non- contraceptive benefits.
3. Involvement of family members and their proper counseling.
4. Improvise the role of specialized contraceptive counselors at all levels.
5. Provide monetary benefits if people chose contraceptive practices and maintained small family norms.

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