



ORIGINAL RESEARCH PAPER

Obstetrics & Gynaecology

KNOWLEDGE AND PRACTICE OF VARIOUS CONTRACEPTIVE METHODS AMONG WOMEN IN AN URBAN AREA OF SHIMLA, NORTH INDIA

KEY WORDS: Contraception, Knowledge, Practice, Family planning

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ABSTRACT

Uncontrolled population growth is a global concern. Adoption of family planning is crucial to limiting the unsustainable growth of the population. This exponential growth of the population puts a large stress on the finite resources worldwide. The magnitude of the burden is further increased in developing and underdeveloped countries where there is a paucity of resources. With majority of population in India in reproductive age group, adoption of family planning methods will not only play an important role in stabilizing the population but will also significantly contribute to the reduction of maternal and neonatal mortality and morbidity. We did the study to determine the prevalence and pattern of contraceptive usage in women attending our OPD in an urban hospital in Shimla, Himachal Pradesh.

INTRODUCTION

Uncontrolled population growth is an ongoing global concern. The total population of the World is around 7.6 billion and nearly a third of the population is under the age of 15 years. Shortly, this proportion of the population will enter the reproductive age group and the potential population growth with further increase.^[1,2] Even though India occupies only 2.4% of the total landmass of the world, with a population of 1.41 billion in the year 2023, it contributes nearly 17.7% to the world population. Adoption of family planning is crucial to limiting the unsustainable growth of the population and thereby greatly curbing the economic, developmental and environmental degradation caused due to overpopulation.^[3,4] Unmet need for family planning is the proportion of sexually active women who prefer to avoid pregnancy but are not using any method of contraception. Meeting demand for safe and effective family planning services in developing countries is likely to reduce an estimated 100,000 maternal deaths and prevent 67 million unintended pregnancies.^[5,6] With almost half the population of India being in reproductive age group, adoption of family planning methods will not only play an important role in stabilizing the population but will also significantly contribute to the reduction of maternal and neonatal mortality and morbidity.^[7]

Ensuring universal access to sexual and reproductive health and reproductive rights for all women is Target 5.6 of the Sustainable Development Goals, promoted by the United Nations and adopted by 193 countries. To address women's need for family planning, the provision of a wide range of safe, effective and affordable contraceptive methods is essential.^[8] The mix of methods offered must cater to women's needs and preferences. It is also important to note that every contraceptive method has advantages and disadvantages.^[9] Thus, it is essential that women are fully informed about them so they can make an informed decision on which method is more appropriate for their specific situation.

The Government of India adopted the National Population Policy in the year 2000 and one of the immediate objectives is to address the unmet needs for contraception.^[10] Though this program offers free family planning services, the NFHS-V Survey shows 66.7% use of Contraceptives among married women (aged 15-49 years) and prevalence of modern method 56.5%. The unmet need for contraception in India is 9.4%. Further, the prevalence of contraceptive use is not uniform across the country.^[11]

Many factors affect contraceptive use like individual attributes, resources of household and community in which person lives, socio-cultural factors and various myths about

contraceptive methods, behavior, lifestyle and finally access to health-care services. But there is limited data regarding contraceptive prevalence rate among eligible couples residing in hilly terrain of Northern India. In view of this, the present study was planned to see contemporary trends of contraceptive use and its determinants amongst the eligible couples attending an urban hospital in Shimla, Himachal Pradesh.

METHODS

This study is a cross-sectional study conducted in the outpatient department of OBG in DDU Zonal Hospital in Shimla. All eligible couples attending the OPD for any ailment were informed about the study and a verbal consent was taken from couples willing to participate in the study. A preformed mixed questionnaire in Hindi was filled by the couple containing open and close ended questions about their contraception use prevalence and needs and reasons for the same. The study was conducted from December, 2022 to February, 2023. A total of 350 women willing to participate were enrolled in the study. The aim of the survey was to gather information on the extent to which young women are aware of their contraceptive choices and able to easily access their chosen method of contraception. Participants were assured about the privacy and confidentiality of the study. The data was analyzed via descriptive statistics. Frequencies and percentages were used to describe categorical variables.

RESULTS

The mean age of participants in the study was, ranging from 20-43 years. Majority of the participants (60.6%) were homemakers. 78.3% participants were educated upto middle or high school. 66.9% participants belonged to the upper middle class and less than 5% belonged to the lower class according to the revised BG Prasad Socioeconomic Status Classification, January, 2022. 94% women were aware of at least one or the other type of contraceptives available and 72.29% women were using some form (traditional/modern) of contraception and 67.86% women were using some form of modern contraception. 27.71% women were not using any contraceptive method for various reasons.

Table 1: Age distribution of women in the study

Age group	Average age	No of females (n)
20-29	26.3	178 (50.86%)
30-39	32.2	116 (33.14%)
40-49	41	56 (16%)

Table 2: Awareness of contraceptive methods

Type of contraceptive methods	Number of females (n)	Percentage (%)
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Not aware	21	06.00
Aware of any contraceptive	329	94.00
Aware of traditional methods	254	72.57
Aware of at least one modern method	75	21.43

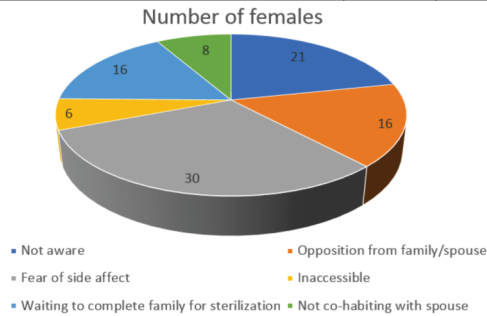


Figure 1: Reason of not using any contraception method

Table 3: Frequency of different method of contraceptive method used

Methods	Number of females (n)	Percentage (%)
No contraception	97	27.71
Withdrawal	12	3.43
Rhythm	14	4.00
Male condom	96	27.43
IUCD	10	2.86
Injectables	16	4.57
Oral pills	20	5.71
Female sterilization	81	23.14
Male sterilization	4	1.14

The most common contraceptive method used was male condoms (96), followed by female sterilization (81). The least common method used was NSV (4), followed by the intrauterine device (10).

07.43% females were using any traditional methods of contraception like periodic abstinence, withdrawal or other folk method. Most common reason of non-usage of any contraceptive method was fear of side-effect of the method. Another important reason of not using contraception was non frequent co-habitation with partner for occupational reasons. Some other reasons included opposition from partner or family, wants fertility or lack of source of contraception.

Male condoms were preferred due to ease of availability and use. Privacy, safe to use and did not interfere with sexual experience were other reasons given for preferring male barrier contraceptive. Female sterilization was preferred by females with two or more children although 2 females with one child each more than 1 year of age also opted for permanent method of sterilization. Reason for opting for female sterilization given by the females were no risk of accidental conception, safe from side-effects of other methods, no requirement of repeated hospital visits after the procedure and advised by husband or family members.

NSV was not preferred due to lack of knowledge and myth of interference with libido. IUCD was also less preferred due to risk of side effects and incomplete knowledge of the method. Many females believed that IUCD almost always causes menstrual abnormalities and some believed that IUCD can be felt in the body after insertion. Some did not prefer IUCD due to fear of pain while insertion and removal.

DISCUSSION

According to NFHS-V, unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are: 1. At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two

years, or are unsure if or when they want to become pregnant. 2. Pregnant with a mistimed pregnancy. 3. Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception. Women are considered to have unmet need for limiting if they are: 1. At risk of becoming pregnant, not using contraception, and want no (more) children. 2. Pregnant with an unwanted pregnancy. 3. Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

According to this definition, in Himachal Pradesh NFHS-V data, 8 percent of currently married women have an unmet need for family planning. Currently, 90 percent of the demand for family planning is being satisfied and 77 percent of the demand is being satisfied by modern methods. Our study results are in corroboration with the above results.^[12]

The pattern of contraceptive use in India is very different. There are many countries where the prevalence of female sterilization among 15-49 years old women is <5%, but in India there is a high prevalence of female tubal ligation. We compared the data of our study with the United Nations Population Division – world Contraceptive use data 2014-16. Dominican republic has the highest prevalence of female sterilization (40.7%), followed by El Salvador (37%), Mexico (36.2%) and India (36%). Nepal has the highest prevalence of vasectomy (4.7%) but in India it is only 0.3%. this may be due to a highly patriarchal society and prevalence of myths like “vasectomy makes a man weak” and “leads to decreased sexual desire”. The use of pills is high in Zimbabwe (43.9%) and in Portugal (48.3%) but only 4.1% in India. The contraceptive use pattern in our study correlates with the overall use of contraceptives in Indian women aged 15-49 years. If the traditional method fails, the women either go for abortion or continue with the pregnancy, even if there is short interval between pregnancies. Both can affect the health of women. In the post partum period, 70% women reported that they were sexually active within 6 months of child birth. 46% had resumed menstruation within 12 weeks, but the use of contraception in this period was only 23%.^[13]

The reason for preference of tubal ligation was, its safety, surety and wide acceptability in the society. Arora et al mentioned that young rural women preferred tubal sterilization because of lack of information and misinformation about temporary methods of contraception.^[14] Many females reported that prior to tubal ligation, no contraceptive method was used by most.

Incomplete and false information about various reversible contraceptive methods is a main reason for reliance on female sterilization. There is a need for promoting reversible contraceptive methods for females by advertisement of the same with facts about the methods and clarifying myths about methods like IUCD, injectable contraceptives and male sterilization.

CONCLUSION

Majority of the females prefer female sterilization once the family is complete due to its safety and extremely low failure. Another reason for the same is lack of knowledge of other reversible methods. Women with higher education are preferring reversible methods for delaying child birth and spacing. There is still scope for improvement of unmet need of contraception in women of urban and rural area by advertising reversible methods along with their safety, efficacy and easy accessibility.

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