

Correlates of contraceptive use among married women of reproductive age group in Adilabad District

Rajnish Borkar¹, Swapnatai Meshram², Geetha Chanda³

¹Department of Community Medicine, ACS Medical College and Hospital, Chennai, Tamil Nadu, India, ²Department of Physiology, ESIC Medical College and PGIMS, Chennai, Tamil Nadu, India, ³Department of Pediatrics, Kamineni Institute of Medical Sciences, Narketpally, Telangana, India

Correspondence to: Swapnatai Meshram, E-mail: swapnataimeshram@gmail.com

Received: August 31, 2017; **Accepted:** October 05, 2017

ABSTRACT

Background: India was the first country in the world to launch a family planning program in 1952 with the objective of reducing birth rate to the extent necessary to stabilize the population. In spite of availability of a wide range of contraceptives, mass media campaigns, and the Information, Education, and Communication programs, the population control remains a distant dream to achieve. It is pertinent to identify the factors responsible for poor acceptance contraceptives in different sociocultural groups. **Objectives:** The objectives of this study are as follows: (1) To find contraceptive prevalence and usage of different contraceptive methods and (2) to study correlates of contraceptive use among married women of reproductive age group. **Materials and Methods:** An institution-based cross-sectional descriptive study was conducted on 210 married women in reproductive age group attending the Obstetrics and Gynaecology and Pediatric Departments of Rajiv Gandhi Institute of Medical Sciences, Adilabad. They were interviewed by pre-tested and semi-structured questionnaire. Percentages were calculated, and statistical analysis was done by Chi-square test. **Results:** The prevalence of contraceptive use among respondents was only 35.71%. Sterilization (54.67%) was the most common method of contraception. Contraceptive use was found higher among the women aged ≥ 30 years, having ≥ 2 living children, > 5 married years, and who had ease of discussion with their husbands on contraception. In about 3/4th cases, both husband and wife involved in decision-making regarding contraceptive use. About 56.67% of respondents knew at least one method of contraception. Neighbors (40.88%) were main source of information regarding contraceptive methods. **Conclusion:** The prevalence of contraceptive use was lower than the findings of the National Family Health Survey-3. Younger age of women, < 2 living children, ≤ 5 married years, and no discussion with husband regarding contraceptive use were found to be associated with the low use of contraception.


KEY WORDS: Contraceptive; Married Women; Decision Maker; Knowledge; Source of Information

INTRODUCTION

The single highest threat to India's health, political, economic, and social development is the rampant population growth. It

is all established to catch up with China and become the most populous country in the world in 2050.^[1]

India was the first country in the world to launch a family planning program, in 1952, with the objective of "reducing birth rate to the extent necessary to stabilize the population at a level consistent with requirement of national economy". Gradually, the focus of the program moved away from population control to population stabilization, and then, was integrated with the maternal and child health program, as family planning became viewed as an important tool to reduce maternal and child mortality.^[2]

Access this article online	
Website: http://www.ijmsph.com	Quick Response code
DOI: 10.5455/ijmsph.2017.0825005102017	

International Journal of Medical Science and Public Health Online 2017. © 2017 Swapnatai Meshram, et al. This is an Open Access article distributed under the terms of the Creative Commons Attribution 4.0 International License (<http://creativecommons.org/licenses/by/4.0/>), allowing third parties to copy and redistribute the material in any medium or format and to remix, transform, and build upon the material for any purpose, even commercially, provided the original work is properly cited and states its license.

According to the National Family Health Survey (NHFS-3) 2005-2006, the contraceptive prevalence rate among the currently married women in India is around 56% which is improved from 48% in NHFS-2 and 41% in NHFS-1 but still below the expected rate of 60% to have stable population.^[3]

At present, variety of methods of contraception is available which are generally extremely safe compared to the risks associated with pregnancy and childbirth.^[4] The extent of acceptance of contraceptive methods still varies within societies and also among different castes and religious groups. The factors responsible for such varied picture operate at the individual, family, and community level with their root in the socioeconomic and cultural milieu of Indian society.^[5,6] Population control in the country remains elusive despite the availability of a wide range of contraceptives and mass media campaigns and IEC programs. It is pertinent to identify the factors responsible for poor acceptance of family planning program in different sociocultural and socioeconomic groups.^[7] Women need the ability to decide when to start and finish childbearing, how long to wait after the birth of one child before becoming pregnant with the next, and how many children to have.^[8] In spite of several initiatives taken up by the government, the contraceptive prevalence rate among the population of Adilabad is low when compared to other districts. Considering the above facts, it was decided to study the correlates of contraceptive use among married women of reproductive age group in Adilabad district.

Aims and Objectives

The objectives of this study are as follows:

1. To find contraceptive prevalence and usage of different contraceptive methods.
2. To study correlates of contraceptive use among married women of reproductive age group.

MATERIALS AND METHODS

An institution-based cross-sectional descriptive study was conducted on 210 married women in reproductive age group attending the Obstetrics and Gynaecology and Pediatric Departments of Rajiv Gandhi Institute of Medical Sciences, Adilabad. Taking the wife's response as proxy for the couple's contraceptive behavior, only married women of reproductive age group were recruited. Sample was selected by purposive sampling technique. The study was undertaken after obtaining approval from the Institutional Ethics Committee. A pre-tested, semi-structured questionnaire was used to interview the participants after obtaining the written informed consent.

The questionnaire had 2 parts. Part 1 of the questionnaire recorded information on the sociodemographic characteristics of the respondents such as age, education, occupation, religion, residence, married years, and number of living children.

Part 2 focused on the use of contraceptives, knowledge of contraceptive methods, and source of information, whether the women discuss about contraception with their husbands and decision-maker.

Statistical analysis was performed using Microsoft Excel. Frequencies and percentages were calculated while Chi-square was used as a test of significance.

RESULTS

A total of 210 married women in reproductive age group were studied, of which majority 189 (90%) were <30 years of age. The mean age of the respondents was 24.29 ± 3.53 years. Most (75.7%) of the respondents were Hindu, whereas rest were Muslim by religion. Literacy status showed more than half (51.4%) had secondary level of schooling while 21.43% were illiterate. Most of them were housewives (70.48%) while rests were engaged in some productive work. Majority of the respondents (77.62%) had one child or two children, whereas 14.76% had more than two living children. Regarding married life, 60% of the respondents were from <5 years of married life. Most of the respondents (80%) had ease of discussion about contraception with their spouse.

In the present study, the prevalence of contraceptive use among married women of reproductive age group was found to be only 35.71%. Sterilization (54.67%) was the most common method of contraception followed by oral pills and intrauterine devices (IUD's) as mentioned in Table 1.

Table 2 shows that about 85.71% (18 out of 21) of women of ≥ 30 years of age group using contraceptive compared to 30.16% (57 out of 189) of women of <30 years age group. Contraceptive use was more among women having ≥ 2 living children (49.55%) compared to women having <2 living children (20.20%). Similarly, more use of contraceptive was noted in women belonging to >5 married years (54.76%) and who had ease of discussion with husband regarding contraception (42.86%) while contraceptive use was only 23.02% and 7.14% among women belonging to ≤ 5 married years and who had no discussion with husband regarding contraception. The difference of contraceptive use in age, number of living children, married year, and ease of discussion about contraception was found statistically significant

Table 1: Type of contraception used by the current users

Type of contraception	n (%)
Sterilization	41 (54.67)
Oral pills	15 (20)
IUDs	14 (18.67)
Condoms	5 (6.66)
Total	75 (100)

IUDs: Intrauterine devices

Table 2: Sociodemographic factors and contraceptive use

Sociodemographic factors	Using contraceptive <i>n</i> =75 (%)	Not using contraceptive <i>n</i> =135 (%)	Total <i>n</i> =210 (%)	Test of significance
Age (years)				$\chi^2=25.41, P<0.001$
<30	57 (76)	132 (97.78)	189 (90)	
≥30	18 (24)	3 (2.22)	21 (10)	
Religion				$\chi^2=0.88, P>0.05$
Hindu	54 (72)	105 (77.78)	159 (75.71)	
Muslim	21 (28)	30 (22.22)	51 (24.29)	
Education				$\chi^2=1.06, P>0.05$
Illiterate	19 (25.33)	26 (19.26)	45 (21.43)	
Literate	56 (74.67)	109 (80.74)	165 (78.57)	
Occupation				$\chi^2=0.34, P>0.05$
Household work	51 (68)	97 (71.85)	148 (70.48)	
Productive work	24 (32)	38 (28.15)	62 (29.52)	
Per capita income				$\chi^2=3.02, P>0.05$
≤1000 Rs	23 (30.67)	27 (20)	50 (23.81)	
>1000 Rs	52 (69.33)	108 (80)	160 (76.19)	
Number of living children				$\chi^2=19.63, P<0.001$
<2	20 (26.67)	79 (58.52)	99 (47.68)	
≥2	55 (73.33)	56 (41.48)	111 (52.38)	
Married years				$\chi^2=22.12, P<0.001$
≤5	29 (38.67)	97 (71.85)	126 (60)	
>5	46 (61.33)	38 (28.15)	84 (40)	
Ease of discussion				$\chi^2=18.67, P<0.001$
Yes	72 (96)	96 (71.11)	168 (80)	
No	3 (4)	39 (28.89)	42 (20)	

($P < 0.001$), whereas there was no significant association with religion, education, occupation, and per capita income.

In our study, we observed (Table 3) that in most of the cases (73.33%) both husband and wife were involved in decision-making regarding contraceptive use in family while husband was the sole decision-maker in 24.76% of cases compared to only 1.91% of cases where wife alone took decision regarding contraceptive use.

Table 4 reveals that 56.67% of respondents know at least one method of contraception, but still lack of awareness about contraception was prevalent in 43.33% of respondents. Neighbors (40.88%) were the main source of information regarding contraceptive methods, followed by family member, media, and doctor/health worker as mentioned in Table 5.

DISCUSSION

As per our data, only 75 (35.71%) respondents were using any method of contraception which is similar to Ghosh et al.^[9] but less than NHFS-3 (56%). The reason for so low prevalence of contraception in this study could have been due to low

Table 3: Decision-makers about contraceptive use in family

Decision-makers about contraceptive use	<i>n</i> (%)
Both husband and wife	154 (73.33)
Husband	52 (24.76)
Wife	4 (1.91)
Total	210 (100)

Table 4: Knowledge of contraceptive methods

Number of contraceptive methods known to respondents	<i>n</i> (%)
None	91 (43.33)
1	69 (32.86)
2	34 (16.19)
>2	16 (7.62)
Total	210 (100)

awareness in the study participants. More than half (54.67%) of current contraceptive user opted for sterilization, followed by oral pills and IUD's while only 6.66% mentioned the use of condom by their partner as a method of contraception. This reflects the prevailing gender bias in reproductive

Table 5: Source of information (multiple responses)

Source of information	n (%)
Neighbors	56 (40.88)
Family member	31 (22.67)
Media	30 (21.89)
Doctor/health worker	16 (11.68)
Friends	3 (2.19)
Users	1 (0.73)
Total	137 (100)

health participation by men. Similar observations regarding permanent contraceptive method have been reported in various studies such as Bendhari et al.,^[10] Kansal et al.,^[11] Mathew et al.,^[12] Rathod et al.,^[13] Sahu,^[14] Kaware et al.,^[4] Taklikar,^[15] and Bandhi et al.^[16]

A significant difference was seen between the women using contraceptive and not using contraceptive for age, number of living children, married year, and ease of discussion about contraception while there was no significant association with religion, education, occupation, and per capita income.

Most of the non-users were below 30 years, i.e., females at the peak of their reproductive period. This group constituted 90% of the study population. Similar findings were noted by Khan et al.,^[17] Seema et al.,^[18] and Ghosh et al.^[9] while Sahu et al.,^[14] in their study, found that the contraceptive practice was significantly increased ($P < 0.001$) with the increase of the age of female. NFHS-3^[3] reported higher use of family planning methods by females of higher age. To achieve small family norm, contraceptive practices should be encouraged among younger age group women.

Contraceptive use was higher among the women having 2 or more children compared to women having <2 living children. However, still 50.45% of women having 2 or more children were not using any contraceptive method. This difference was found to be highly significant ($P < 0.001$). Similar findings were noted by Gupta^[19] and Pandey.^[20] In other study, Kaware et al.^[4] revealed that contraceptive use was higher among the women having 3 or more children (24.85%), followed by women having <2 living children (23.71%), and this difference was found to be highly significant ($P < 0.001$). Mathew et al.^[12] also found a significant association between number of living children and current usage of family planning methods ($P = 0.000$)

Our study revealed that contraceptive use increased significantly ($P < 0.001$) with an increase in the duration of marriage as it was more among women belonging to >5 married years compared to women ≤5 married years. This difference may be because married couple would usually complete their family within 5 married years and mostly opt for sterilization. Taklikar et al.^[15] and Sahu et al.^[14] also mentioned similar observation in their studies.

The present study observed that women who had ease of discussion with their husbands were using contraceptives more than women who had no discussion with their husbands on contraception. This difference was statistically highly significant ($P < 0.001$). Hence, there is a need for ease of discussion among couple regarding contraception.

It was interesting to note that in about 3/4th (73.33%) of cases both husband and wife involved in decision-making regarding contraceptive use in family. However, in 1.91% of cases only, the wife alone was the decision-maker. A significant proportion of cases the decision-maker was husband (24.76), quite an expected finding within the prevailing social structure.

About 56.67% respondents knew at least one method of contraception while rests (43.33%) of the respondents were unaware of any method of contraception. Lack of awareness about contraceptive methods may be the reason for less percentage of contraceptive use in the present study. NFHS-3^[3] reported that knowledge of contraceptive methods is practically universal; at least 98% of women age 15-49 knows one or more methods of contraception. In other studies by Bandhi et al.^[16] (91.56%), Taklikar et al.^[15] (92%), and Ghosh et al.^[9] (91%), majority of respondents knew at least one method of contraception. Neighbors (40.88%) were main source of information regarding contraceptive methods, followed by family member (22.67%), media (21.89%), and doctor/health worker (11.68%). Taklikar et al.,^[15] in their study, mentioned that doctors were the most common source of information about contraceptives in 163 (50.62%) women, followed by health workers among 59 (18.32%) and media among 35 (10.86%). In another study, Bandhi et al.^[16] found that known acceptors (68.64%) were major source of awareness while media and doctor were about 45.43% and 38.11%, respectively, while Ghosh et al.^[9] reported that majority of the study population received the knowledge from family members (40%), television (38%), and friends (27%).

With our earnest attempt, we have tried to find the various correlates of the contraceptive use among married women of reproductive age group. The limitations of the study were that it was conducted in a hospital, a cross-sectional one, and hence, no follow-up could be done, at the same time unable to make causal inferences and not reflecting the contraceptive prevalence of Adilabad district as sample was small. More studies of longitudinal design with a large population are required for in-depth review of the issue.

CONCLUSION

Contraceptive prevalence was only 35.71% in the present study which may be due to lack of awareness about contraceptive methods among respondents. One of the main objectives of family planning program is to spread the

knowledge and awareness about family planning and develop among the people attitude favorable for the adoption of FP method. Preference of terminal sterilization methods over spacing methods observed in the present study, and hence, there is a need of extensive mass awareness campaign at regional level about types, advantages, availability, and use of spacing methods. There is a also need to shift women-centric approach to couple-centric approach for family planning as most of the contraceptive methods used by women. Contraceptive prevalence was found less among young women having <2 living children and married life of <5 years, and therefore, locally field workers need to apply behavior change communication methods to motivate these new couples to accept the contraceptive methods for better maternal and child health.

ACKNOWLEDGMENT

The authors would like to thank the study participants for their cooperation.

REFERENCES

1. Park K. Textbook of Preventive and Social Medicine. 22nd ed. Jabalpur, India: M/S Banarsidas Bhanot; 2013. p. 443.
2. India and Family Planning: An Overview. Available from: http://www.searo.who.int/entity/maternal_reproductive_health/documents/india-fp.pdf?ua=1. [Last accessed on 2017 Jul 12].
3. IIPS. International Institute for Population Sciences and Macro International: National Family Health Survey-3, 2005-2006. Vol. 1. India: IIPS; 2007.
4. Kaware AC, Kamble NH, Mangulikar SK. Prevalence of usage of different contraceptive methods among married women of reproductive age in an urban slum area. *Int J Med Sci Public Health*. 2017;6(1):29-33.
5. Rao AP, Somayajulu VV. Factors responsible for family planning acceptance with single child-findings from a study in Karnataka. *Demogr India*. 1999;28(1):65-73.
6. Singh RK, Devi TI, Devi TH, Singh YM, Devi TH, Singh S. Acceptance of contraceptive methods among urban eligible couple of Imphal, Manipur. *Indian J Community Med*. 2004;29(1):13-7.
7. Sharma AK, Grover V, Agrawal OP, Dubey KK, Sharma S. Pattern of contraceptive use by residents of a village in south Delhi. *Indian J Public Health*. 1997;41(3):75-8.
8. International Centre for Research on Women. The Impact of Unmet Family Planning Needs on Women's Health: Evidence from a Research Study in Madhya Pradesh, India *Inf Bull*; 2004. Available from: <http://www.iiav.nl/eazines/email/ICRWinformationBulletin/2004/December.pdf>. [Last accessed on 2017 Jul 12].
9. Ghosh S, Samanta A, Mukherjee S. Knowledge and practice of family planning in married women of reproductive age group in a slum of Kolkata. *Al Ameen J Med Sci*. 2013;6(1):34-9.
10. Bendhari ML, Korade RS, Haralkar SJ. Contraceptive prevalence and usage of different contraceptive methods and its correlates in an urban slum area of Western Maharashtra-a cross sectional study. *Indian J Matern Child Health*. 2015;17(2):1-10.
11. Kansal A, Chandra R, Kandpal SD, Negi KS. Epidemiological correlates of contraceptive prevalence in rural population of Dehradun district. *Indian J Community Med*. 2005;30(2):60-2.
12. Mathew AA, Saju CR, Catherin N. Family planning practices among married women of reproductive age group in a rural area in Thrissur district, Kerala, India. *Int J Curr Res Acad Rev*. 2015;3(11):36-41.
13. Rathod M, Parmar D, Gohel A, Kaliya M, Unadakat S, Patel N. An assessment of sociodemographic factors and family planning practices in Jamnagar, Gujarat, India: A cross sectional study. *Int J Reprod Contracept Obstet Gynecol*. 2015;4(6):1798-803.
14. Sahu PC, Inamdar IF, Doibale MK. Contraceptive practices: An experience from ever married women in a city of Maharashtra, India. *Int J Reprod Contracept Obstet Gynecol*. 2015;4(2):349-54.
15. Taklikar CS, More S, Kshirsagar V, Gode V. Prevalence of contraceptive practices in an urban slum of Pune city, India. *Int J Med Sci Public Health*. 2015;4(12):1772-7.
16. Bandhi G, Bhawnani D, Verma N, Soni GP. Assessment of contraceptive knowledge and practices among reproductive age group of women in urban slums of Raipur city, Chhattisgarh, India. *Natl J Community Med*. 2014;5(4):349-54.
17. Khan S, Verma R, Mahmood S. Correlates of use of family planning methods among married women of reproductive age group in Bareilly, India. *Natl J Community Med*. 2012;3(4):623-6.
18. Seema S, Neelu S, Seema C, Dr G, Mani P, Meenakshi K. Epidemiological correlates of contraceptive prevalence in rural area of Haryana. *Internet J Health*. 2011;12(1):1-6.
19. Gupta A, Roy TK, Sarker G, Banerjee B, Ghosh S, Pal R. Determinants of contraceptive practices among eligible couples of Urban Slum in Bankura district, West Bengal. *J Fam Med Prim Care*. 2014;3(4):388-92.
20. Pandey SM. Correlates of modern contraceptive practices among married couples in rural area of Hisar, (Haryana). *Indian J Prev Soc Med*. 2011;42(3):273-7.

How to cite this article: Borkar R, Meshram S, Chanda G. Correlates of contraceptive use among married women of reproductive age group in Adilabad District. *Int J Med Sci Public Health* 2017;6(12):1665-1669.

Source of Support: Nil, **Conflict of Interest:** None declared.