

Acceptability and practice of contraception and frequency of induced abortions in married women of reproductive age group, in a tertiary-care hospital

Arti Sharma¹, Utkarsh Sharma², Rajiv Acharya¹, Priyanka Chaudhary¹, Anjali Chaudhary¹

¹Department of Obstetrics and Gynaecology, Shri Guru Ram Rai Institute of Medical and Health Sciences, Dehradun, Uttarakhand, India.

²Department of Pediatrics, Shri Guru Ram Rai Institute of Medical and Health Sciences, Dehradun, Uttarakhand, India.

Correspondence to: Arti Sharma, E-mail: artishubh@yahoo.com

Received January 5, 2015. Accepted January 12, 2015

Abstract

Background: India is the second most populous country in the world having a rapidly growing population. There is an unmet need of contraception in our country. This is responsible for unintended pregnancy and consequences related to induce abortions. This study is an effort to find out the acceptability and practice of contraceptive methods and induced abortions in married women.

Objective: To find out the acceptability and practice of contraceptive methods in married women of reproductive age group and to evaluate the reasons for nonuse of contraception and number of induced abortions because of unintended pregnancy.

Materials and Methods: A cross-sectional observational study was carried out in Department of Obstetrics and Gynaecology, SGRRIM&HS, Dehradun, Uttarakhand, India. Totally, 116 married women aged between 18 and 45 years were interviewed. Data were collected, after obtaining consent on a predesigned questionnaire containing sociodemographic details, reproductive profile, use of contraceptive method, side effects, and reasons of not using any contraceptive method. In case of unintended pregnancies, number of induced abortions and their method were also asked from the respondent.

Results: In this study, the use of contraceptive methods was 73.28%. The most common method used was condom in 24.23% couples. Totally, 67.05% women did not report any side effect, while 22.35% women reported menstrual disturbance as main side effects with use of contraceptive method. The major reasons for nonuse of contraception were fear of side effects (29.03%), need more children (19.35%), prohibition by the religion (12.90%), and desire for male child (9.67%). A significant number of induced abortion (14.89%) were done without any medical supervision.

Conclusion: There are various reasons for the nonacceptance of contraceptives such as fear of side effects, prohibition by religion, and preference for male child. These unintended pregnancies that were getting terminated reveal the unmet need of contraception. Thus, by proper counseling, motivation, and improving facilities at both government and private sectors, the unmet need of contraception can be achieved.

KEY WORDS: Acceptability, practice, contraception, abortions

Access this article online

Website: <http://www.ijmsph.com>

DOI: 10.5455/ijmsph.2015.05012015169

Quick Response Code:



Introduction

India is the second most populous country in the world having a rapidly growing population, which is currently increasing at the rate of 16 million each year.^[1] In the early 1950s, the Government of India launched a family welfare program, with main objectives being spread of the knowledge of family planning methods and develop an acceptance for adoption of the contraceptive methods.

International Journal of Medical Science and Public Health Online 2015. © 2015 Arti Sharma. 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.

Table 1: Sociodemographic profile of women ($n = 116$)

Sociodemographic characteristics	Number	Percentage
Age group in years		
<20	1	0.86
20–25	18	15.51
26–30	33	28.44
31–35	33	28.44
>35	31	26.72
Religion		
Hindu	91	78.44
Muslim	22	18.96
Others	3	2.58
Occupation		
House wife	95	81.89
Laborer	5	4.31
Service	16	13.79
Parity		
<2	28	24.13
2–5	85	73.27
>5	3	2.58

Table 2: Contraceptive method used ($n = 116$)

Methods	Number	Percentage
Condoms	28	24.13
Tubal sterilization	21	18.10
Oral contraceptive pills	18	15.51
IUCD	12	10.34
Natural method	4	3.44
Emergency C	1	0.86
Vaginal sponge today	1	0.86
None	31	26.72

Table 3: Side effects with the use of contraceptive method ($n = 85$)

Side effects	Number	Percentage
No side effect	57	67.05
Menstrual disturbance	19	22.35
Weight gain	3	3.52
Other (pain, backache, headache)	6	7.05

Despite continuous efforts, the unmet needs of contraception still a challenge. Lack of use of contraception results in unintended pregnancy. Those occurring in women who want to have a baby later but not now are generally called “mistimed” or in women who did not want to have any (more) children at all are called “unwanted pregnancies.” These unintended pregnancies result owing to apprehension, denial, and ignorance to the contraceptive usage, which are terminated and may result in serious complications, morbidity, and mortality.

Table 4: Causes for the nonuse of contraceptives ($n = 31$)

Reasons	Number	Percentage
Fear of side effects	9	29.03
Wants more children	6	19.35
Infrequent sex	4	12.90
Religions belief	4	12.90
No knowledge about source	4	12.90
Wants male child	3	9.67
Husband opposed	1	3.22

Table 5: Distribution of induced abortions because of unintended pregnancy ($n = 94$)

Methods of MTP	Number	Percentage
Medical abortions	45	47.87
Surgical abortions	35	37.23
Medicines procured from chemist or quacks	14	14.89

This study was carried out to assess the acceptability and practice of contraceptive methods among married women of reproductive age group. An effort was made to identify the reasons for not using contraceptive methods and number of induced abortions because of unintended pregnancy.

Materials and Methods

This observational study was conducted in the outpatient clinic of OBG Department of SGRR Medical College, Dehradun, Uttarakhand, India, between July 2013 and December 2013. Totally, 116 married women aged between 18 and 45 years were interviewed. Data were collected after obtaining consent using a predesigned questionnaire containing sociodemographic details, reproductive profile, use of contraceptive method, side effects, and reasons of not using any contraceptive method. In case of unintended pregnancies, number of induced abortions and their method were also asked from the respondent.

Results

About 56.8% of women were in the age group of 26–35 years and 78.44% women belonged to Hindu religion. Totally, 75.8% women had parity of more than two and 81.89% women were housewives [Table 1].

The most common method chosen was condom (24.13%), followed by tubal sterilization (18.10%), oral contraceptive pills (15.51%) and intrauterine contraceptive devices (IUCDs) (10.34%) [Table 2]. Of the total 116 women, 31 women (26.72%) were not using any method of contraception. Remaining 85 women were asked about the side effects with the use of contraceptive method. The majority [57 (67.05%)]

of women reported no side effects with the use of contraceptive method, whereas 19 (22.35%) women reported menstrual disturbances, three (3.53%) women had complaint of weight gain, and six (7.05%) women reported other side effects such as pain, backache, and headache [Table 3].

Nonusers of contraceptive in this study were 31 (26.72%) women. The major reasons for the nonuse were fear of side effects [9 (29.03%)], intentions to have more children [6 (19.35%)], prohibition by the religion [4 (12.90%)], and desire for the male child [3 (9.67%)] [Table 4].

There were totally 94 induced abortions, of which 45 (47.87%) were medical abortions; 35 (37.23%) medical termination of pregnancies (MTP) were done by surgical methods, and in 14 (14.89%) cases, women procured medicines directly from chemist or quacks without any medical supervision [Table 5].

Discussion

Family planning in a society forms an essential component of modernization and much needed for the integration of women into social and economic life. In this study, the maximum number of women was aged between 26 and 35 years. Maximum number of women who participated in the study had parity of two or more.

The study showed that the use of contraceptive was 73.28%. Condom (24.13%) was the commonest method used, followed by tubal sterilization (18.10%) and oral pills (15.51%). Different studies have shown different preferences for the methods of contraception used. In the study by Sunita and Desai,^[2] 70.8% women had undergone tubal sterilization, 10.4% were using IUCD, 6.2% were using oral pills, and 8.3% were using condoms. In the study by Saluja *et al.*,^[3] female sterilization was the most common chosen method used by 46.0% of couples. In contrast, a study from Pakistan by Jabeen *et al.*^[4] showed that the use of contraceptive was only 30.8% whereas 69.20% were not using it. Traditional methods (withdrawal and rhythm methods) were the commonest method of contraception among 5.9% women, followed by injectable (5.3%) and tubal ligation (5.1%).

In this study, 67.05% women reported no side effects with the use of contraceptive method. In rest of the women, menstrual disturbance was the commonest side effect; however, some women also reported weight gain and other symptoms such as backache, headache, and pain abdomen. Similar results were shown by Jabeen *et al.*^[4] in their study with frequency of no side effects in 48.73% women, menstrual disturbances in 23.80% women, and weight gain in 11.19% women.

In our study, 26.72% women did not use any method of contraception. In the studies by Srivastava *et al.*^[5] and Prachi *et al.*,^[6] the percentage of nonusers was higher than our study, which showed 55% and 44.6% of couples not practicing contraception, respectively.

The common reasons for nonuse of contraception in our study were fertility-related reasons such as fear of side effects, desire for more children, religious beliefs, and preference for

male child. Reasons for nonuse of contraceptives have varied in magnitude in different studies. Fertility-related reasons were found as the main reasons by Das *et al.*^[7] (38.9%), Khokhar and Mehra^[8] (30.7%), and Bhasin *et al.*^[9] (36.4%). Other studies mentioned hesitation,^[10] as opposed to family,^[11] as the biggest reason for the nonuse of contraception.

The significant number of women underwent induced abortions, which indicates failure on the part of health-care services to reach these women in need and MTP as a resort of family planning for these women. In our study, 14.89% MTP were done without medical supervision and women procured medicines directly from chemist or quack. Gupta *et al.*^[12] in their study observed 10.52% MTP were done by quacks and 57.90% in private hospitals. Only 31.58% of MTP were done in government hospital. So, there is a need in our society to encourage women to adopt suitable method of contraception so that unwanted pregnancy can be avoided safely and conveniently.

Conclusion

There are various reasons for the nonacceptance of contraceptives such as fear of side effects, prohibition by religion, and preference for male child. These unintended pregnancies, which were getting terminated, reveal the unmet need of contraception. Thus, by proper counseling, motivation, and improving facilities at both government and private sectors, the unmet need of contraception can be achieved.

References

1. Government of India. Census of India 2001, Provisional Population Totals, Paper 1 of 2001. New Delhi: Government of India, 2001.
2. Sunita TH, Desai RH. Knowledge, attitude and practice of contraception among women attending a tertiary care hospital in India. *Int J Reprod Contracept Obstet Gynecol* 2013;2(2):172–6.
3. Saluja N, Sharma S, Chaudhary S, Gaur D, Pandey S. Contraceptive knowledge, attitude and practice among eligible couples of rural Haryana. *Internet J Health* 2008;12(1).
4. Jabeen M, Wazir FGF, Jared N. Knowledge, attitude and practices of contraception in women of reproductive age. *Gomal J Med Sci* 2011;9(2):223–9.
5. Srivastava R, Srivastava DK, Jina R, Srivastava K, Sharma N, Sana S. Contraceptive knowledge, attitude and practice (KAP survey). *J Obstet Gynecol* 2005;55:546–50.
6. Prachi R, Das GS, Ankur B, Shipra J, Binika K. A study of knowledge, attitude and practice of family planning among the women of reproductive age group in Sikkim. *J Obstet Gynecol* 2008;58:63–7.
7. Das R, Amir A, Nath P. Utilisation and coverage of services by women of Jawan Block in Aligarh. *Indian J Community Med* 2001;26(2):94–100.
8. Khokhar A, Mehra M. Contraceptive use in women from resettlement area in Delhi. *Indian J Community Med* 2005;30(1):21–3.
9. Bhasin SK, Pant M, Metha M, Kumar S. Prevalence of usage of different contraceptive methods in East Delhi: A cross sectional study. *Indian J Community Med* 2005;30(2):53–5.

10. Jain S, Singh JV, Bhatnagar M, Garg SK, Chopra H, Bajpai SK. Attitude of rural women towards contraceptive and its use. *Indian J Matern Child Health* 1999;10(1):18–9.
11. Dhillon BS, Chandhiok N, Kambo I, Saxena NC. Induced abortion and concurrent adoption of contraception in rural areas of India (an ICMR task force study). *Indian J Med Sci* 2004;58(11):478–84.
12. Gupta S, Dave V, Sochaliya K, Yadav S. A study on socio-demographic and obstetric profile of MTP seekers at Guru Govind Singh Hospital, Jamnagar. *Healthline* 2012;3(1):50–4.

How to cite this article: Sharma A, Sharma U, Acharya R, Chaudhary P, Chaudhary A. Acceptability and practice of contraception and frequency of induced abortions in married women of reproductive age group, in a tertiary-care hospital. *Int J Med Sci Public Health* 2015;4:845-848

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