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Determinants of contraceptive practices among married women in a tertiary care hospital in Rajahmundry, Andhra Pradesh.

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ABSTRACT

Background: India ranks the second most populous nation in the world. Currently, there are about 51 births in India in a minute. Most of the population, both men and women still lack access to adequate family planning method. **Objectives:** To estimate the extent of contraceptive practices among women in a tertiary care hospital and to determine the factors associated with contraceptive practices among the women. **Material and methods:** A cross-sectional study conducted in a tertiary care hospital, in the family planning unit of OBG department, for a period of three months (Jan 2019 to Mar 2019), among 432 married women. **Results:** About 70 (16.21%) women were not using any contraceptive, while 362 (83.79 %) women practiced any method of contraception (Prevalence). Female sterilization was the most common method practiced, 122 (33.70%), followed by IUD, 114 (31.5%). Emergency contraception and Male sterilization were the least, 7 (1.94%) and 10 (2.76%) respectively. The contraceptive use was significantly more in the age group of 40 – 49 years (X^2 = 6.892, P = 0.031), among Hindus (X^2 = 7.787, P = 0.0506), those living in nuclear family (X^2 = 32.04, P = 0.000), among literate women (X^2 = 128.9, P = 0.000), employed women (X^2 = 13.17, P = 0.0002), literate spouse (X^2 = 73.45, P = 0.000) and employed spouse (X^2 = 70.57, P = 0.000). Marriage and fertility related factors showed that the contraceptive use was significantly more in those with 2 or more children (X^2 = 79.45, P = 0.0000), preference for 2 or more male children (X^2 = 16.34, P = 0.0002), those with no history of abortion (X^2 = 9.748, P = 0.0017) and age of last child more than 5 years (X^2 = 8.852, P = 0.0119). **Conclusion:** About 16.21% women were still not using any contraceptive, which is a considerable number. The factors responsible are many. Such factors should be focused and prevented.

Key Words: Determinants, contraceptive practices, married women, Andhra Pradesh

INTRODUCTION

Family planning has been defined by WHO 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".[1] India ranks the second most populous nation in the world with a population of 1.21 billion people, next only to China.[2] According to the Census of 2001–2011, India's population has grown by 17.7%, showing an increase of 181.96 million people since 2001. India represents almost 17.31% of the world's population, which means one of six people on this planet live in India. Currently, there are about 51 births in India in a minute.[3] Most of the population, both men and women still lack access to adequate family planning method, though India was the first country to begin family planning programme way back in 1952.[4] As a consequence, several environmental and health problems are anticipated in the coming century throughout large parts of the world, unless they are given the option of controlling their fertility.[5] As per NFHS – 4 data, Current use of any method of Family Planning among currently married women age 15–49 years is only 53.5 %, which is quite lower compared to 56.5% as per NFHS – 3 data.[6] The extent of use of any modern method of Family Planning is only 47.8%, which is too less a figure, even after more than six decades of the family planning program implementation. The total unmet need for family planning is 12.9%.[6] The picture in Andhra Pradesh is far better in comparison to national picture. The Current use of any method of Family Planning among currently married women age 15–49 years is 69.5 %. The extent of use of any modern method of Family Planning is 69.4% and the total unmet need for family planning is 4.7 percent although, it still exists remarkably.[7] There are a number of factors that contribute to population growth. Some of the reasons for high fertility rates are high infant mortality rate, low age at marriage, and unmet need for contraceptives. A large proportion of the population is in reproductive age group, and their reproductive decisions contribute significantly to

the population growth.[8] The Government of India has taken several initiatives to increase the facilities under family planning program, through a number of means, in all the sections of the society. Inspite of that, the factors such as age at marriage, education, economic status, religion and number of living children still prevail as those "out of control" which play an important role in determining the adoption of family planning. This study is, therefore, undertaken to assess the various factors affecting family planning practices among women in a tertiary care hospital, Rajahmundry, Andhra Pradesh.

Objectives:

1. To estimate the extent of contraceptive practices among women in a tertiary care hospital, Rajahmundry.
2. To determine the factors associated with contraceptive practices among the women.

Materials and Methods

It was a cross-sectional study conducted in a tertiary care hospital. The study was conducted in the family planning unit of OBG department, GSL Medical College, Rajahmundry. The study was conducted from January 2019 to March 2019. The average number of women attending the Out – patient department of OBG is around 127 per day. Alternate days of the week – Monday, Wednesday and Friday were chosen for data collection, since the number is more on these days. Ten percent of all the married women in the reproductive age group (15 – 49 years) attending the out – patient department of OBG were included in the study. Women with acute severe illness, a history of psychotic illness or cognitive impairment, drug or alcohol dependence; significant medical problems or not willing to consent for voluntary participation were excluded. Out of 448 women who attended the OPD, a total of 432 women were finally included for the study. Sixteen women had to be excluded, since they did not co-operate or did not consent. A comprehensive, pretested, and semi-structured proforma was used to collect data which included socio – demographic details, the obstetric score, any family planning method adopted, reasons for adopting and not adopting family planning, etc. All the study participants were explained about the purpose and confidentiality of the study in their vernacular language and an informed consent was obtained from the study participants prior to data collection. Ethical clearance was obtained from the Institutional Ethics Committee, GSL Medical College.

Operational definition used for Contraceptive prevalence was the percentage of women who are currently using, or whose sexual partner is currently using, at least one method of contraception, regardless of the method used. It is usually reported for married or in-union women aged 15 to 49 years.[9]

Statistical analysis: Data was entered into Microsoft excel sheet, double checked for errors and analyzed using epi-info. Results were expressed as frequencies and proportions for categorical variables and mean and standard deviations for continuous variables. Chi-squared test was applied to capture the differences in proportions across socio-demographic and obstetric outcome variables. Fischer's exact 'p' was considered if more than 20% of the cells had an expected count of less than 5.

RESULTS

The study was conducted in a total of 432 women. Among the study population, 70 (16.21%) women were not using any contraceptive, while 362 (83.79 %) women practiced any method of contraception (Prevalence). They practiced different contraceptive methods, including traditional method (Rhythm method, Withdrawal), Spacing methods (OCPs, Condom, IUD), Permanent method (Male sterilization and Female sterilization) and Emergency contraception to various extent (Table 1).

Table 1 Contraceptive pattern of use among the study participants (n = 362)

Contraceptive methods	Number	Percentage
Rhythm method	**45**	**12.43**
Withdrawal	15	4.14
Condom	37	10.22
OCP	12	3.31
IUD	114	31.5
Female sterilization	122	33.7
Male sterilization	10	2.76
Emergency contraception	7	1.94
Total	362	83.79

Various socio-demographic factors were associated with the use of contraceptives. The contraceptive use was significantly more in the age group of 40 – 49 years (X^2 = 6.892, P = 0.031), among Hindus (X^2 = 7.787, P = 0.0506), those living in nuclear family (X^2 = 32.04, P = 0.000), among literate women (X^2 = 128.9, P = 0.000), employed women (X^2 = 13.17, P = 0.0002), literate spouse (X^2 = 73.45, P = 0.000) and employed spouse (X^2 = 70.57, P = 0.000) (Table 2).

Various marriage and fertility related factors were associated with the use of contraceptives. The contraceptive use was significantly more in those with 2 or more children (X^2 = 79.45, P = 0.0000), preference for 2 or more male children (X^2 = 16.34, P = 0.0002), those with no history of abortion (X^2 = 9.748, P = 0.0017) and age of last child more than 5 years (X^2 = 8.852, P = 0.0119) (Table 3).

Various socio-demographic factors associated with the method of contraceptive use were also analyzed. The use of traditional method and spacing method was significantly more among Muslims while permanent method among Hindus (X^2 =57.13, P = 0.0000).

Table 2 Socio-demographic factors associated with contraceptive prevalence

Variable	Contraceptive user (%) N = 362	Not user (%) N = 70	Total (%) N = 432	p value from chi-square test
1. Age in years				
a. 15 – 29	217 (86.5)	34 (13.5)	251 (58.1)	$X^2 = 6.892$
b. 30 – 39	114 (77.45)	33 (22.45)	147 (34.0)	P = 0.0318
c. 40 – 49	31 (91.2)	03 (08.8)	34 (7.9)	
2. Religion				
a. Hindu	187 (86.57)	29 (13.43)	216 (50.0)	$X^2 = 7.787$
b. Muslim	33 (70.21)	14 (29.79)	47 (10.9)	P = 0.0506
c. Christian	125 (84.46)	23 (15.54)	148 (34.2)	
d. Others	17 (80.95)	04 (19.05)	21 (4.9)	
3. Type of family				
a. Nuclear	244 (91.04)	24 (08.96)	268 (62.0)	$X^2 = 32.04$
b. Joint	67 (77.91)	19 (22.09)	86 (19.9)	P = 0.000
c. Extended joint	51 (65.38)	27 (34.62)	78 (18.1)	
4. Income				
a. BPL	236 (82.23)	51 (17.77)	287 (66.44)	$X^2 = 0.1964$
b. APL	126 (86.90)	19 (13.10)	145 (33.56)	P = 0.6576
5. Education				
a. Literate	317 (94.63)	18 (05.37)	335 (77.55)	$X^2 = 128.9$
b. Illiterate	45 (46.39)	52 (53.61)	97 (22.45)	P < 0.000
6. Occupation				
a. Unemployed	133 (76.0)	42 (24.0)	175 (40.5)	$X^2 = 13.17$
b. Employed	229 (89.11)	28 (10.89)	257 (59.5)	P = 0.00028
7. Spouse's education				
a. Literate	331 (90.19)	36 (09.81)	367 (84.95)	$X^2 = 73.45$
b. Illiterate	31 (47.69)	34 (52.31)	65 (15.05)	P < 0.0000
8. Spouse's occupation				
a. Unemployed	13 (35.14)	24 (64.86)	37 (08.56)	$X^2 = 70.57$
b. Employed	349 (88.35)	46 (11.65)	395 (91.44)	P < 0.0000

The use of traditional method was significantly more among joint family, spacing method in nuclear family and permanent method in extended joint family ($X^2 = 88.65$, P = 0.0000). The use of traditional method and spacing method was significantly more among literate women and permanent method among illiterate women ($X^2 = 17.82$, P = 0.0001). The use of traditional method and permanent method was significantly more among unemployed women and spacing method among employed women ($X^2 = 93.27$, P = 0.0000). The use of traditional method and permanent method was significantly more among illiterate spouse and spacing method among literate spouse ($X^2 = 7.144$, P = 0.02810) (Table 4).

DISCUSSION

This is a cross-sectional study conducted in a tertiary care hospital among a total of 432 women, of which 83.79 % women practiced any method of contraception which is similar to the prevalence found in a study conducted by Benny et al[10] in Thiruvanathapuram where the prevalence was 71.1% and another study by Chandrashekhar S Taklikar et. al,[11] reported a prevalence of 69.5%. The Contraceptive prevalence rate was 62.9% in a study by Jahan U et. al.[12] The prevalence in the present study is higher than the national estimates of NFHS – 4 (2015 – 16)

Table 3: Marriage and fertility related factors associated with

Variable	Contraceptive user (%) (n = 362)	Not user (%) (n = 70)	Total(n = 432) (%)	p value from chi-square
1. Age at marriage				
a. < 18 years	3 (75.0)	1 (25.0)	4	$X^2 = 0.2301$
b. > /= 18 years	359 (83.88)	69 (16.12)	428	P = 0.6315
2. Number of living children				
a. No children	16 (39.02)	25 (60.98)	41	$X^2 = 79.45$
b. 1 child	135 (80.84)	32 (19.16)	167	P < 0.0000
c. 2 or more children	211 (94.20)	13 (05.80)	224	
3. Male preference				
a. No male child	114 (80.85)	27 (19.15))	141	$X^2 = 16.34$
b. 1 male child	97 (42.97)	31 (57.03)	128	P < 0.00028
c. 2 or more children	151 (92.64)	12 (07.36)	163	
4. Female preference				
a. No female child	126 (85.14)	22 (14.86)	148	$X^2 = 0.2993$
b. 1 female child	127 (83.01)	26 (16.99)	153	P = 0.8610
c. 2 or more children	109 (83.21)	22 (16.79)	131	
5. H/O Abortion				
a. Yes	53 (71.62)	21 (28.38)	74	$X^2 = 9.748$
b. No	309 (86.31)	49 (13.69)	358	P < 0.00179
6. Age of last child				
a. Upto 2 years	137 (80.11)	34 (19.89))	171	$X^2 = 8.852$
b. 2 – 5 years	116 (81.12)	27 (18.88)	143	P = 0.0119
c. > 5 years	109 (92.37)	9 (7.63)	118	

Table 4: Socio-demographic factors associated with method of contraceptive use. (n = 362)

Variable	Traditional method (n = 65) No. (%)	Spacing method (n = 166) No. (%)	Permanent method (n = 131) No. (%)	Total No. (%)	p value chi-square value
1. Age in years					
a. 15 – 29	31 (14.29)	103 (47.47)	83 (38.24)	217 (86.5)	$X^2 = 5.334$
b. 30 – 39	26 (22.80)	49 (42.98)	39 (34.22)	114 (77.45)	P = 0.2547
c. 40 – 49	08 (25.81)	14 (45.16)	09 (29.03)	31 (91.2)	
2. Religion					
a. Hindu	09 (04.81)	87 (46.52)	91 (48.67)	187 (86.57)	$X^2 = 57.13$
b. Muslim	13 (39.39)	16 (48.49)	04 (12.12)	33 (70.21)	P < 0.0000
c. Christian	39 (31.20)	55 (44.00)	31 (24.80)	125 (84.46)	
d. Others	04 (23.53)	08 (47.06)	05 (29.41)	17 (80.95)	
3. Type of family					
a. Nuclear	24 (09.83)	138 (56.56)	82 (33.61)	244 (91.04)	$X^2 = 88.65$
b. Joint	33 (49.25)	21 (31.34)	13 (19.41)	67 (77.91)	P < 0.0000
c. Extended joint	08 (15.69)	07 (13.73)	36 (70.58)	51 (65.38)	
4. Income					
a. BPL	41 (17.37)	112 (47.46)	83 (35.17)	236 (82.23)	$X^2 = 0.7017$
b. APL	24 (19.05)	54 (42.86)	48 (38.09)	126 (86.90)	P = 0.7041
5. Education					
a. Literate	61 (19.24)	154 (48.58)	102 (32.18)	317 (94.63)	$X^2 = 17.82$
b. Illiterate	04 (08.89)	12 (26.67)	29 (64.44)	45 (46.39)	P = 0.00013
6. Occupation					
a. Unemployed	41 (30.83)	17 (12.78)	75 (56.39)	133 (76.0)	$X^2 = 93.27$
b. Employed	24 (10.48)	149 (65.07)	56 (24.45)	229 (89.11)	P < 0.0000
7. Spouse's education					
a. Literate	55 (16.62)	158 (47.73)	118 (35.65)	331 (90.19)	$X^2 = 7.144$
b. Illiterate	10 (32.26)	08 (25.81)	13 (41.93)	31 (47.69)	P = 0.02810
8. Spouse's occupation					
a. Unemployed	3 (23.08)	4 (30.77)	6 (46.15)	13 (35.14)	$X^2 = 1.236$
b. Employed	62 (17.77)	162 (46.42)	125 (35.81)	349 (88.35)	P < 0.5389

which showed the prevalence of current use of any family planning method to be only 53.3%.[13]

Most of the women in the present study belonged to 15 – 29 years age group, 58.1 % and Hindus were maximum, 50%. About 62% women lived in nuclear families, 77.55% were literates and 40.5% were unemployed. About 66.44% women were from Below poverty line families. About 51.85% of women had two or more children. However, in the study by Chandrashekhar S Taklikar et. al,[11] the maximum (54.6%) women were between the age group of 20 and 29 years, 69.5% belonged to the Hindu religion, 79% unemployed, and 59.8% belonged to joint family while 56% of them had one or two children. In a study by Jahan U et. al,[12] majority (71.4%) were Hindus followed by Muslims (20.9%) and 50.5% belonged to upper lower class.

In the present study, Female sterilization was the most common method practiced, 122 (33.70%), followed by IUD, 114 (31.5%). Emergency contraception and Male sterilization were the least, 7 (1.94%) and 10 (2.76%) respectively. The present findings are quite different from the findings of another study in a tertiary care centre by Jahan U et. al,[12] in which the three prevailing methods used were condom (65.1%), OCPs (31.8%) and IUCD (9.09%). Studies reveal that among those who had underwent sterilization, tubectomy was more common (74.6%) than vasectomy (1.3%).[14] A Knowledge, Attitude and Practice (KAP) study carried out in All India Institute of Medical Sciences (AIIMS), out patients department, Raipur regarding emergency contraceptive (EC) pills revealed that only 19.3% had ever used EC pills although 56% of women had heard of it.[15]

The present study showed that various **socio-demographic factors** were associated with the use of contraceptives. The contraceptive use was significantly more in the age group of 40 – 49 years (X^2 = 6.892, P = 0.031), among Hindus (X^2 = 7.787, P = 0.0506), those living in nuclear family (X^2 = 32.04, P = 0.000), among literate women (X^2 = 128.9, P = 0.000), employed women (X^2 = 13.17, P = 0.0002), literate spouse (X^2 = 73.45, P = 0.000) and employed spouse (X^2 = 70.57, P = 0.000). Unlike the present study, a study conducted in Pune by Chandrashekhar S Taklikar et al,[11] showed that among those using contraception, 82.7% women were above 25 years of age while 43.3% were above 25 years among non - users, the difference of which was statistically significant. Religion, literacy status of women, husband's literacy status and employment status did not show any statistical significance among users and non – users of contraception. In a study by Jahan U et. al,[12] no. of non-users were high (35.1%) among housewives. Majority of non-users belonged to lower socio economic class (68.2%). Contraceptive use was lower among women who got married before 18 years of age, 41.9% and best among 19-25 years age group, 65.2%. Contraceptive use was high among women with more than 5 years of married life 72.3%. In study conducted in the district of Dakshina Kannada it was found that Non-acceptors of family planning methods were higher among the Muslims. Education level of the respondents was not influencing the acceptance of family planning methods.[16]

Various **marriage and fertility related factors** were associated with the use of contraceptives. The contraceptive use was significantly more in those with 2 or more children (X^2 = 79.45, P = 0.0000), preference for 2 or more male children (X^2 = 16.34, P = 0.0002), those with no history of abortion (X^2 = 9.748, P = 0.0017) and age of last child more than 5 years (X^2 = 8.852, P = 0.0119). Consistent with the present study, a study by Jahan U et. al,[12] contraceptive use was high among women with 3 or more living children, 77.5%. In study conducted in the district of Dakshina Kannada it was found that, 71% of women with three or more children were acceptors of permanent methods of contraception.[15] Saha also noted that 37% of sterilized women had three living children and 30% had 4 living children.[17] A number of other studies conducted by Benny et al (2013),[10] Pawar Anant et.al (2014),[18] Padmaja et al (2012),[19] and Rajaretnam et al (2000)[20] have stated that number of children is one of the important determinants for the use of family planning method.

Various **socio-demographic factors associated with the method of contraceptive use** were also analyzed. The use of traditional method and spacing method was significantly more among Muslims while permanent method among Hindus (X^2 =57.13, P = 0.0000). The use of traditional method was significantly more among joint family, spacing method in nuclear family and permanent method in extended joint family (X^2 = 88.65, P = 0.0000). The use of traditional method and spacing method was significantly more among literate women and permanent method among illiterate women (X^2 = 17.82, P = 0.0001). The use of traditional method and permanent method was significantly more among unemployed women and spacing method among employed women (X^2 = 93.27, P = 0.0000). The use of traditional method and permanent method was significantly more among illiterate spouse and spacing method among literate spouse (X^2 = 7.144, P = 0.02810). Alina at al[21] in their study, showed a statistically significant association of current use of contraceptives with religion, educational status of married mother, occupation. Srikanthan et al.[22] in their study reported that religious and cultural factors influence acceptance and use of contraception. On the contrary, Sriya Iyer[23] in her study found that religion did not show statistically significant difference between Hindus and Muslims on contraception adoption. Thus many studies have reported the influence of various factors on the acceptance of contraceptive methods and the type of contraceptive method used.

LIMITATIONS OF THE STUDY

Since this is a hospital based study, the numbers may not be reflective of the population values. Some of the factors

have not been elicited, to avoid encroachment upon cultural beliefs.

CONCLUSION

The prevalence of contraception use was higher than the findings of NFHS-4 among the married women. However, lacunae still exist. Various factors influence the acceptance of contraception and also the type of contraception accepted. Religion, literacy status, socio – economic status, type of family, employment status, marriage and fertility factors have all shown significant association with contraceptive practices, and these are deeply rooted in our community, among us, with us and between us. Hence it is hard to eliminate the negative influence of these factors, though not impossible. Hence more and more awareness campaigns may be planned for women in reproductive age group and their families. Women who do not seek contraceptive services because they believe they are not at risk of getting pregnant should be personally approached and counseled, especially through outreach efforts outside of a clinical setting. Health personnel need to educate and motivate couples to use reversible methods since delaying the births can also help to reduce the fertility and thus help in controlling the population. Efforts to promote awareness in the society and behavior change communication about contraceptive use can help women overcome the cultural and social barriers to achieve their desired family size.

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