

Study of contraceptive practices and reasons for not accepting contraceptives in rural India: Chanai village as a case study

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Abstract

India was the first country in the world to implement National Family Planning Programme in 1952. In spite of availability of a wide range of contraceptive and mass media campaigns and information, education and communication programmes, the population control remains a distant dream to achieve. The objective of this research was to study the prevalence of contraceptive acceptance, the type of contraceptive used and the reasons for not accepting contraceptive methods in rural area. A cross sectional study was carried out in rural field practice area of Department of Community Medicine at village Chanai, Ambajogai, Maharashtra Dt., India. Data was collected by house to house survey using predesigned and pretested questionnaire in all the married women between 15-49 years. Out of 512 married women 48.63% were contraceptive acceptors; 64.66% women were accepted permanent method of contraception. Among the temporary methods most commonly accepted was IUD by 19.28% women. Commonest reason for not accepting contraceptives was desire of children in 25.85% women followed by fear of side effects in 16.34% women.

Keywords: Contraceptive, family planning, population, community medicine, India

Introduction

In India, Family planning programme was started in the year 1952 and was the first country in the world to do so. Since then its name has changed to Family Welfare programme and lastly to the present Reproductive and Child Health (RCH) programme. This change was made particularly to emphasize more and also to increase the acceptance of contraceptive methods by reproductive age group people (Narendra Sing *et al.*, 2004). India adds about 10 lakh persons to its population every fortnight and adds about one Australia every eight month. By 2045 or earlier, India would overtake China as the world's most populous Nation (Kishore, 2005). According to census 2011, Indian population stood at 1,21,01,93,422. The last decade has seen India's population growth by 17.64 % (Census 2011). Gender equality, empowerment of women, elimination of all kinds of violence against women and ensuring women ability to control their own fertility are the corner-stones of population and development related programmes. The success of the present RCH-II programme relies on the acceptance of contraceptive methods in reproductive age group (Pushpa *et al.*, 2011). 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 (Kansal *et al.*, 2005). 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 (Information Bulletin, 2004). Keeping this in view, the present study was conducted to examine the contraceptive prevalence, type of contraceptive used and reasons for not accepting contraceptives at Chanai, a field practice area of Department of Community Medicine, S. R. T. R. Medical College, Ambajogai. The objectives of the study are: to find out the prevalence of contraceptive acceptance, to determine the type of contraceptive used and to assess the reasons for not accepting contraceptive methods by married women in rural area.

Material and methods

A cross sectional study was carried out at village Chanai-a field practice area of Department of Community Medicine, S.R.T.R. Medical College, Ambajogai, Maharashtra Dt., India. Ethics committee approval was taken before the start of the study. The study was carried out from September 2005 to August 2006. All married women in the reproductive age group of 15-49 years were included in the study. Pregnant, widowed, divorced and non cooperative women were excluded from the study. Total 512 married women in the age group of 15-49 years constituted the study sample. A house to house survey was done. Participants were explained about the objectives of the study and an informal verbal consent was obtained from them.

Table 1. Distribution of married women in reproductive age group according to type of contraceptive used

| Type of contraceptive used | Total number of acceptors (%) |
|----------------------------|-------------------------------|
| Condom | 27(10.84) |
| OCP | 13(5.22) |
| IUD | 48(19.28) |
| Tubectomy | 160(64.26) |
| Vasectomy | 1(0.40) |
| Total | 249(100%) |

Data was recorded using predesigned and pretested questionnaire.

Results

A total of 512 married women in the age group of 15-49 years were studied; 249(48.63%) of them were contraceptive acceptors and 263 (51.37%) were non acceptors. Table 1 shows that out of 249 acceptors, 88(35.34%) married women were accepted temporary methods and 161(64.66%) accepted permanent method of contraception. Among the temporary method, IUD was the most commonly accepted i.e., 48 (19.28%). Among the permanent method, Tubectomy was accepted by 160 (64.26%) married women and only 1 (0.40%) couple had undergone vasectomy. The commonest reason for not accepting contraceptives was desire for children by 68 (25.85%) women, fear of side effects was second important reason for non-acceptance of contraceptives by 43 (16.34%) women, followed by opposition to family planning by family members in 37 (14.06%) women. 21 (7.99%) women were not using any contraceptive because they want a male child (Table 2).

Discussion

The present study has revealed that the contraceptive prevalence among married women in the study area was 48.63%, which is lower than that of findings for Maharashtra 67.1% (NFHS III, 2005-06) and 62.9% (DLHS-3, 2007-08). The purpose of contraception is to limit the family size rather than to space the births in majority of the families. In the present study too the most commonly accepted method for contraception was the permanent method. Tubectomy (64.26%) which is slightly higher than findings of DLHS-3 (2007-08) i.e. 54.6%. There is predominance of female sterilization in rural areas, as men do not come forward for vasectomy. Only 1 (0.40%) couple had undergone vasectomy in the present study. According to DLHS-3 (2007-08), 3.2% male had done vasectomy. This reflects the prevailing gender bias in reproductive health participation by men. Among the temporary method, IUD (19.28%) was the commonest method accepted followed by condom (10.84%). Different studies have shown different preferences for methods of contraception used e.g., in a rural community of West Bengal IUD was accepted by 6.4% and condom by 3.5% of couples (Biswas *et al.*, 1994), while in another study in residents of village in South Delhi 5.5% women had accepted IUD and condom by 9.7% couples (Sharma *et al.*, 1997). In a study in rural population of Dehradun districts condoms were used by 11.68% and IUDs by 1.71% couples (Kansale *et al.*, 2005). The reasons for non acceptance in majority of women were desire of more children by 25.85% and fear of side effects by 16.34%. A study in rural area of Uttar Pradesh also cited that 40% respondents wanted more children and 20% had fear of side effects (Khan *et al.*, 1985). In another study in rural community of West Bengal, reasons for non acceptance of contraceptive were desire for

Table 2. Distribution of married women according to reasons for not accepting contraceptives

| Reasons | Total (%) |
|---|-------------|
| Desire of children | 68 (25.85%) |
| Fear of side effects | 43 (16.34%) |
| Opposition from family | 37 (14.06%) |
| Menopausal | 37 (14.06%) |
| Breast feeding | 21 (7.99%) |
| Want a male child | 21 (7.99%) |
| Recently married | 16 (6.08%) |
| No knowledge about source | 15 (5.70%) |
| Anti religion | 12 (4.56%) |
| Ignorance about use | 12 (4.56%) |
| Infrequent sex | 10 (3.80%) |
| Hysterectomy | 8 (3.04%) |
| Inconvenient for use | 8 (3.04%) |
| *Multiple responses were given by respondents | |

more children by 35.5% and fear of side effects by 22.6% of women (Biswas *et al.*, 1994). A study in rural area of Kashmir reveals that non acceptance of contraceptives were desire of more children by 33.2% women (Ahmad *et al.*, 2008).

Recommendation

Many women had never tried contraception because they had fear of side effects. Counseling about side effects and mass media communication can improve acceptance rate. Men should also share the burden of family planning by accepting permanent or temporary family planning method. Health education, sex education and knowledge of family planning should be an integral part of school / college education.

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