

Contraceptive practices and related factors among females in predominantly rural Muslim area of North India

D Gaur, M Goel, M Goel

Citation

D Gaur, M Goel, M Goel. *Contraceptive practices and related factors among females in predominantly rural Muslim area of North India*. The Internet Journal of World Health and Societal Politics. 2007 Volume 5 Number 1.

Abstract

The demographic profile of South Asia is one of high levels of fertility, low ages at marriage and relatively low contraceptive prevalence. The behaviour related to reproduction are determined by cultural and religious values in some communities. Our study was planned to know the contraceptive practices among females in the reproductive age groups in rural area of Mewat, Haryana (predominantly Muslim area). 34.92% of subjects were using contraceptive methods Out of total protected females 61% were using spacing methods and 39% were using terminal methods. 43.9% were using Cu-T and was the most preferred method of contraception. No significant association of contraceptive usages was observed with age of marriage and literacy. A statistically significant association of contraceptive usage was seen with number of living children, religion and the age of female at the birth of first child.

Department and institution where the work was done:

Rural field practice area of Mewat, attached to Dept. of Community Medicine, Pt. B.D. Sharma PGIMS, Rohtak, India.

INTRODUCTION

The demographic profile of South Asia is one of high levels of fertility, low ages at marriage and relatively low contraceptive prevalence. China is the most populous country in the world and India is the second after China ¹. More so, the population of India expected to exceed of that of China by Year 2045. Government has been taking various steps to combat this problem, since independence. National Family Planning Programme was started way back in 1952 and In-spite of political commitment for the Central Government funded National Family Planning Programme, the birth rate has not come down as desired. The transition in reproductive behaviour has tended to occur at differing paces within India ¹. A lot of changes have been made to this programme to make it more acceptable and accessible to most needful population groups. Social development levels - notably educational levels and health patterns alongwith different familial systems and gender hierarchies have been argued to explain differences in reproductive behaviour ^{2,3,4,5}. It is also argued that reproductive behaviour is strongly influenced by the insecurities associated with minority-group

status ⁶.

Many rural women are reportedly reluctant to accept any method of contraception. Several studies also revealed that rural women who were unwilling to accept family planning methods were concerned about child survival and viewed children as a source of support in old age ⁷.

The perceptions and the behaviour related to reproduction are strongly, even predominantly, determined by prevailing cultural and religious values, that form the basis of socially-sanctioned realities in some communities ⁶.

As India is a country of great diversities of religion, culture, socio-economic status and literacy so there is a varied range of population growth in the country. These diversities exist even within the states. Various studies have been done to know the contraceptive practices in different regions of the states and country.

Our study was planned to know the contraceptive practices among females in the reproductive age groups in rural area of Mewat, Haryana (predominantly Muslim area).

AIMS AND OBJECTIVES

1. To know the contraceptive practices among rural females of Mewat.
2. To study the effect of various factors i.e. age of

marriage, literacy, age at first child, total number of living children and religion on contraceptive practices.

MATERIAL AND METHODS

The study was carried out in rural area of Mewat, Haryana (predominantly Muslim area). It was a cross sectional and descriptive type of study. Sub-centre records were used for enrolling the study subjects. A total of 1,069 of registered ever married females were randomly selected (using random number table) from four predominantly Muslim villages (using the sub-centre records) who were in the reproductive age group (i.e. with in 15-45 years).

Study was interview based. All the selected females were interviewed, based upon a semi-structured pre designed and pre-tested performa after taking consent from the subject. Confidentially of the data were ensured to the study participants.

Exclusion criterion: 1) Participants not willing to respond even after requesting and ensuring confidentiality were excluded from the study. 52 females were thus excluded from the study.

2) Females suspected to be suffering from infertility were also excluded from the study. Inability to conceive after 1year of marriage and cohabitation with husband was taken as the criterion for infertility. 26 females thus were excluded from the study on the basis of infertility.

The data collected was analyzed by using percentages and chi-square test.

RESULTS

The study was carried out in predominantly Muslim villages of Mewat, Haryana. Study showed that among study subjects 34.92% of ever married females were using contraceptive methods (table 1). Out of total protected females 61% were using spacing methods and 39% were using terminal methods. 43.9% were using Cu-T and was the most preferred method of contraception (table 2). Significant association was observed between age groups and choice of contraceptive methods. No significant association was observed between age of marriage and contraceptive usage. More than 3/4th (around 80%) of the study subjects were married before the permissible age for marriage for girls i.e. before 18 yrs. No significant association was observed between age of marriage and contraceptive usages (table 3).

A highly statistically significant association between number of living children and contraceptive usage among study population was observed in our study. More than 44% of the females having 4 or more children were using contraception as compared to only 9% and 16% females with either 2-4 or <2 living children respectively(table 4). In our study, literacy has no significant association with adoption of contraceptive methods. This is because most of the females in the study groups were illiterate (table 5). Most of the females enrolled in the study belonged to Muslim community (82.5%). There was a significant association relationship between religion and contraceptive usage (table 6). Table 7 shows the contraceptive usage is significantly related to the age of female at the birth of first child. Those females who had not delivered till date had been excluded while analyzing relationship of this factor (may be recently married i.e. <1yr, or practicing contraception after marriage and not delivered any child yet).

Figure 1

Table 1: Contraceptive practices among study subjects (n=991).

Practice of Contraception	Number of subjects
Cu-T	152(15.33%)
OCP's	59(5.95%)
Tubectomy	135(13.62%)
Non-users	645(65.08%)
Total	991(100%)

Figure 2

Table 2: Age wise contraceptive users among study subjects (n=346)

Age Group (in yrs.)	Contraceptive Practices			Total
	Cu-T	OCP's	Tubectomy	
15-25	22(57.9%)	9(23.7%)	7(18.4%)	38(100%)
25-35	96(47.1%)	29(14.2%)	79(38.7%)	204(100%)
35-45	34(32.6%)	21(20.2%)	49(47.1%)	104(100%)
Total	152(43.9%)	59(17.0%)	135(39.0%)	346(100%)

Chi-square value = 17.8

p <0.005

Figure 3

Table 3: Distribution of study subjects according to contraceptive usage and age at marriage (n=991)

Age at marriage	Contraceptive Users	Non-users	Total
14-16 yrs	137(36.2%)	241(63.8%)	378(100%)
16-18 yrs	155(35.1%)	287(64.9%)	442(100%)
>18 yrs	54(31.6%)	117(68.4%)	171(100%)
Total	346 (34.9%)	645 (65.1%)	991 (100%)

Chi-square value=1.1

p>0.05

Figure 4

Table 4: Distribution of study subjects according to contraceptive usage and number of living children (n=991).

Number of children	Contraceptive users	Non users	Total
≤2	7(9.4%)	67(90.6%)	74(100%)
2-4	42(16.7%)	210(83.3%)	252(100%)
>4	297(44.6%)	368(55.4%)	665(100%)
Total	346(34.9%)	645(65.1%)	991(100%)

Chi-square value=85.58

p<<0.001

Figure 5

Table 5: Distribution of study subjects according to contraceptive usage and literacy status (n=991)

Literacy level	Contraceptive users	Non-users	Total
Illiterate	279(34.4%)	532(65.6%)	811(100%)
Primary	46(37.3%)	77(62.7%)	123(100%)
Middle	14(34.1%)	27(65.9%)	41(100%)
Matric & above	7(43.7%)	9(56.3%)	16(100%)
Total	346(34.9%)	645(65.1%)	991(100%)

Chi-square value=0.879

p>0.05

Figure 6

Table 6: Distribution of study subjects according to contraceptive usage and Religion (n=991).

Religion	Contraceptive users	Non-users	Total
Hindu	79(45.7%)	94 (54.3%)	173 (100%)
Muslim	267 (32.6%)	551 (67.4%)	818 (100%)
Total	346(34.9%)	645(65.1%)	991(100%)

p<0.005

Figure 7

Table 7: Distribution of users and non-users of contraceptive methods according to age of mother at birth of 1 child (n=839).

Age of mother at birth of 1 st child	Users	Non-users	Total
<16 yrs	67(45.6%)	80(54.4%)	147(100%)
16-18 yrs	99(30.8%)	223(69.2%)	322(100%)
18 - 20 yrs	109(31.2%)	240(68.8%)	349(100%)
>20 yrs	11(52.3%)	10(47.7%)	21(100%)
Total	286 (34.1%)	553 (65.9%)	839 (100%)

p<0.005

DISCUSSION

In Haryana 49.4% of the couples were effectively protected by all methods as on March 2000₈ and overall contraceptive usage in the state as per NFHS-III (2005-06)₉ was 63.4%. In our study we found that only 34.92% of females living in rural, predominantly Muslim area of Mewat, Haryana, were using contraception, which is very low.

Cu-T and OCP's were the most frequently used methods of contraception by the young females i.e. 15-25 year's age group as compared to the females in the other age groups i.e. 25-25 years and 35-45 years. The older females preferred to adopt terminal methods for contraception; reasons for this finding was quiet obvious. Older the female more the chances of completion of the family and hence they are more in favour of using terminal methods as compared to spacing methods.

In India and Haryana 18.9% and 19% of the females aged less than 18 yrs at effective marriage, respectively₁₀. Age of marriage of female were supposed to be the important factors in determining the contraceptive usage but in our study no significant relationship had been observed of the

age of marriage of the female with contraceptive usage ¹¹. This may be because of the fact that though most of the females got married at an early age i.e. before the age of 16 years yet cohabitation may be at a higher age. Age of female at the birth of the first child reflect the age of entry into a sexual union within marriage and is supposed to be more reliable factor to access the relationship with contraceptive usage. Our study had also demonstrated that a statistically highly significant relationship exists between the above factor and contraceptive usage.

Similarly several studies showed literacy to be the associated with contraceptive usages ^{12,13} in the community but in our study we found that literacy had no significant relation with contraceptive usage.

Religion is one of the most important factors responsible for determining the social and personal behaviour of the individual within the family. The association of religion with contraceptive behaviour had been documented in various other studies ^{12,13,14}. We conducted our study in predominantly Muslim area to know the effect of religion on contraceptive behaviour and we found that there was a statistically highly significant association exists between them in our study setting.

In our study it was observed that the total number of living children is the most significant factor associated with the contraceptive usage. Similar findings had been documented in several other studies. ²

CONCLUSION

It signifies that people in this region still want to have more number of babies for one reason or the other which may be – uncertainty about their survival, more earning hands ⁷, some

religious beliefs, for running their vansh etc. this factor should be studied in detail to find out the possible reasons so that appropriate need based services or guidance/education can be provided to improve the contraceptive usage.

References

1. http://iussp.org/Brazil2001/s80/S87_03_sathar.pdf
2. Caldwell, J. "Demographic Change in Rural South India" *Population and Development Review* 1982; 8(4).
3. Malhotra, Anju, Reeve Vanneman, and Sunita Kishor. "Fertility, dimensions of patriarchy, and development in India", *Population and Development Review* 1995; 21: 281-305.
4. Dyson, Tim and Moore, Mick. "On Kinship Structure, Female Autonomy and Demographic Behaviour in India", *Population and Development Review* 1983; 9: 35-60
5. Kazi, Shahnaz and Sathar, Z "Explaining fertility in rural Punjab : The relative roles of gender and development" In Eds. (2001) Phillips, J and Sathar, Z *Fertility transition in South Asia*, Oxford: Oxford University Press.
6. Uday Sankar Saikia, Ross Steele & Gour Dasvarma. *Culture, Religion and Reproductive Behaviour in Two Indigenous Communities of Northeastern India: A Discussion of Some Preliminary Findings*.
7. Kartikeyan S, Chaturvedi RM. Family planning: views of female non-acceptors in rural India. *J Postgrad Med* 1995;41:37-9
8. Park K. *Park's Text book of Preventive and Social Medicine*. 19th ed. Surya offset: Jabalpur; 2007.
9. IIPS. *National Family Health Survey-3, 2005-06*, Haryana, International Institute for Population Sciences, Mumbai.
10. *National health profile 2006*. CBHI
11. Bongaarts, J. 1982: The Fertility-Inhibiting Effects of the Intermediate Fertility Variables, *Studies in Family Planning*, 13, 6-7.
12. N. J. Shah, P. Pradhan, A. S. Reddy, B. Joseph, Contraceptive practices in newly married women in sub-urban Bangalore. *Health and Population-Perspectives and Issues* 2006; 29 (1) 21-8.
13. A. Kansal R. Chandra, S.D. Kandpal, K.S. *Epidemiological Correlates of Contraceptive Prevalence in Rural Population of Dehradun District*. *Indian J Commun Med* 2005; 30(2)
14. Padma Mohanan, Asha Kamath, B.S. Sajjan. *Fertility Pattern And Family Planning Practices In A Rural Area In Dakshina Kannada*. *Indian J Commun Med* 2003; 28(1).

Author Information

D.R. Gaur, M.D., Community Medicine

Senior Professor, Department of Community Medicine, Pt. B.D. Sharma PGIMS

Manish Kumar Goel, M.D., Community Medicine

Assistant Professor, Department of Community Medicine, Pt. B.D. Sharma PGIMS

Meenu Goel, M.D., Anaesthesia

Assistant Professor, Department of Anaesthesia, Pt. B.D. Sharma PGIMS