

Contraceptive Practices And Related Factors Among Married Women In A Rural Area Of Ludhiana

S Girdhar, A Chaudhary, P Gill, R Soni, R Sachar

Citation

S Girdhar, A Chaudhary, P Gill, R Soni, R Sachar. *Contraceptive Practices And Related Factors Among Married Women In A Rural Area Of Ludhiana*. The Internet Journal of Health. 2009 Volume 12 Number 1.

Abstract

The present study was carried out in 10 villages of a rural area of Ludhiana, Punjab. It was a cross sectional study. A total of 2465 married females constituted the study sample. The variables studied were age, education of husband, education of subject, type of family, parity, and number of male children. There were 12.9% non users, 49.5% were using spacing methods and 37.6% had accepted permanent method. A highly statistical significant association was observed between parity and contraceptive usage. Education of husband and education of study subjects significantly effects the choice of family planning method. The acceptance for permanent methods of family planning was higher in subjects having 1 or 2 male children. Only 1.2% couples accepted sterilization without having a male child while the acceptance of sterilization was 52.9% among subjects having two living sons.

INTRODUCTION

The single greatest threat to India's health, political, economic and social development is uncontrolled population growth. With its population already exceeding one billion, it is all set to overtake China and become the most populous country in the world by the year 2050.¹ Since 1952, when the Family Planning Programme was officially launched through the first five year plan, the range of contraceptives offered in the National Family Programme has increased, with more emphasis on spacing methods. Contraception has been a single most important intervention to reduce burden of unwanted pregnancy and promote healthy living among women.

According to NFHS-3, the current contraceptive prevalence rate in rural India is 53.0% and in Punjab, it is 63.3%. The contraceptive prevalence rate, one of the important proximate determinants of fertility, also varies substantially across the states, from a low of 24 percent in Meghalaya to a high of 73 percent in Himachal Pradesh.²

The extent of acceptance of contraceptive methods still varies within societies and also among different castes and religion groups. The factors responsible for such varied picture operate at the individual, family and community level with their roots in the socio economic and cultural milieu of Indian Society³.

Keeping in view the varied picture of acceptance of contraceptive methods in the Indian population, the present study was carried out to know the contraceptive practices and related factors among married women in a rural area of Ludhiana

MATERIAL AND METHODS

The present study was conducted among 2465 married women in 10 villages of Dehlon block of Ludhiana district, Punjab. The population of these villages making up the Rural Field practice area of the Department of Community Medicine, Dayanand Medical College and Hospital, Ludhiana, receives continuous home based care by the health workers of the training centre and is supervised by the faculty of the department.

It was a cross sectional study. All the selected subjects were interviewed, based upon a pre-designed and pre-tested performa after taking consent of the subject. Various factors affecting the contraceptive usage i.e. age, literacy, type of family, number of living children and number of male children were studied.

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

RESULTS

Out of total 2465 women, 49.5% women were using spacing

methods, 37.6% had accepted permanent methods and 12.9% were non users. Spacing methods were preferred by females in younger age groups whereas permanent method acceptors were more (50.5%) in 40-49 yrs age group. The acceptance of permanent methods increased with increasing age. (Table 2)

Education of husband and wife affected the adoption of contraception method. It is evident from Tables 3 and 4 that in married couples who were educated beyond 12th, acceptance of permanent methods was less. The acceptance of spacing methods was more among literate than illiterate.

Table 5 indicates that acceptance of permanent methods was more (57.1%) in subjects residing in nuclear family. The number of non-users were more (59.6%) in joint family as compared to nuclear family.

A significant association between parity and contraceptive usage among study population was observed. This is reflected from Table-6 that majority (74.1%) of the women with parity three or higher had accepted permanent methods of contraception (χ^2 366.404, $p=0.000$).

Acceptance for permanent methods of family planning was higher in subjects having 1 or 2 male children. Only 1.2% couples accepted sterilization without having a male child while the acceptance of sterilization was 52.9% among subjects having two living sons. (χ^2 515.981, $p=0.000$)

Figure 1

Table 1- Contraceptive Practices among study subjects

| S.No. | Use of contraception | Frequency | %age |
|--------------|----------------------|-------------|--------------|
| 1 | Non User | 317 | 12.9 |
| 2 | Condom | 796 | 32.3 |
| 3 | Cu-T | 348 | 14.1 |
| 4 | Oral Contraceptive | 76 | 3.1 |
| 5 | Tubectomy/Vasectomy | 928 | 37.6 |
| Total | | 2465 | 100.0 |

Figure 2

Table 2 Use of Contraception by subjects according to Age (n=2465)

| Age (yrs) | Non User | Condom | Cu-T | OC | Tub/Vas |
|----------------|------------|------------|------------|----------|------------|
| 20-29 (n=556) | 90 (16.2) | 213 (38.3) | 107 (19.2) | 10 (1.8) | 136 (24.5) |
| 30-39 (n=1218) | 143 (11.7) | 399 (32.7) | 187 (15.4) | 46 (3.8) | 443 (36.4) |
| 40-49 (n=691) | 84 (12.2) | 184 (26.6) | 54 (7.8) | 20 (2.9) | 349 (50.5) |

Figure 3

Table 3 Use of Contraception by subjects according to Husband education

| Use of contraception | Nil | 1-5th | 6-8th | 8-12th | >12 th |
|----------------------|------------|------------|------------|------------|-------------------|
| Non User | 47 (14.8) | 42 (13.3) | 89 (28.1) | 111 (35.0) | 28 (8.8) |
| Condom | 114 (14.2) | 88 (11.1) | 217 (27.3) | 312 (39.2) | 65 (8.2) |
| Cu-T | 35 (10.1) | 44 (12.6) | 101 (29.0) | 133 (38.2) | 35 (10.1) |
| OC | 06 (7.9) | 14 (18.4) | 20 (26.3) | 32 (42.1) | 04 (5.3) |
| Tub/Vas | 240 (25.9) | 116 (12.5) | 298 (32.1) | 246 (26.5) | 28 (3.0) |

(χ^2 119.448, $df = 16, p=0.000$)

Figure 4

Table 4 Use of Contraception by subjects according to education

| Use of contraception | Nil | 1-5th | 6-8th | 8-12th | >12 th |
|----------------------|------------|------------|------------|------------|-------------------|
| Non User | 85 (26.8) | 58 (18.3) | 67 (21.1) | 83 (26.2) | 24 (7.6) |
| Condom | 165 (20.7) | 159 (20.0) | 181 (22.7) | 239 (30.0) | 52 (6.6) |
| Cu-T | 59 (17.0) | 59 (17.0) | 78 (22.4) | 124 (35.6) | 28 (8.0) |
| OC | 13 (17.1) | 20 (26.3) | 17 (22.4) | 24 (31.6) | 02 (2.6) |
| Tub/Vas | 389 (41.9) | 210 (22.6) | 188 (20.3) | 127 (13.7) | 14 (1.5) |

(χ^2 215.328, $df=16, p=0.000$)

Figure 5

Table 5 Use of Contraception by subjects according to Type of Family

| Use of Contraception | Nuclear | Joint |
|----------------------|------------|------------|
| Non User | 125 (39.4) | 189 (59.6) |
| Condom | 376 (47.8) | 410 (52.2) |
| Cu-T | 141 (40.5) | 207 (59.5) |
| OC | 44 (57.9) | 32 (42.1) |
| Tub/Vas | 530 (57.1) | 398 (42.9) |

($p=0.000$)

Figure 6

Table 6- Use of Contraception by subjects according to Parity

| Use of Contraception | 1 | 2 | 3+ |
|----------------------|-----------|------------|------------|
| Non User | 55 (17.4) | 134 (42.3) | 128 (40.3) |
| Condom | 98 (12.3) | 384 (48.2) | 314 (39.5) |
| Cu-T | 69 (19.8) | 174 (50.0) | 105 (30.2) |
| OC | 06 (7.9) | 38 (50.0) | 32 (42.1) |
| Tub/Vas | 11 (1.2) | 229 (24.7) | 688 (74.1) |

(χ^2 366.404, df=8 p=0.000)

Figure 7

Table 7- Use of Contraception by subjects according to Number of male children

| Use of contraception | 0 | 1 | 2 | 3+ |
|----------------------|-----------|------------|------------|------------|
| Non User | 62 (19.6) | 176 (55.5) | 68 (21.5) | 11 (3.4) |
| Condom | 46 (5.8) | 512 (64.3) | 223 (28.0) | 15 (1.9) |
| Cu-T | 20 (5.7) | 241 (69.3) | 75 (21.6) | 12 (3.4) |
| OC | 01 (1.3) | 52 (68.4) | 20 (26.3) | 03 (3.9) |
| Tub/Vas | 11 (1.2) | 290 (31.3) | 491 (52.9) | 136 (14.6) |

(χ^2 515.981, df=12 p=0.000)

DISCUSSION

In this study, it was found that spacing method users were higher in younger age group. Similar finding was reported by Gaur et al in rural Muslim area of Haryana that the older females preferred to adopt terminal methods of contraception⁴. In a study done in rural areas of Bihar by Kumari C, the incidence of sterilization increased significantly from 11.6 % in 21-30 yrs of age to 51% in women aged 31-40yrs.⁵

Literacy was seen to influence the acceptance of contraceptive method in this study. The acceptance of spacing methods was more by subjects who were literate. In a study done by Shah et al among newly married women in sub-urban Bangalore, a statistical significant association was found between the use of contraception and the educational status of husband and wife.⁶

The family structure i.e. joint or nuclear family is another

significant variable. In the present study, it was observed that the acceptance of permanent methods was more in subjects residing in nuclear family. In a study done by Banerjee B in West Bengal, no difference was observed regarding contraceptive usage among the subjects in relation to type of family.⁷

A highly significant association was found between parity and contraceptive usage in our study. Almost similar finding had been reported by Banerjee B in a study done in West Bengal that more than two-thirds of permanent method acceptors had five or more children.⁷ In a study done by Gaur et al, more than 44.0% of the females having 4 or more children were using contraception as compared to only 9.0% and 16.0% females with either 2-4 or < 2 living children respectively.⁴

“Male child Syndrome” is still a widely prevalent concept. In India, due to strong son preference, contraceptive practices depend not mainly on number of living children but more on number of living sons. It was evident from our results that permanent method acceptance was higher in subjects having 1 or 2 male children. A study done by Kansal et al in the rural population of Dehradun found that acceptance of family planning methods was significantly higher in subjects having at least one male child.⁸

References

1. Park K. Text book of Preventive and Social Medicine. 19th Edition. Jabalpur.M/S Banarsidas Bhanot ; 2007
2. National Family Health Survey (NFHS-3), 2005-06, India. International Institute for Population Sciences, Mumbai
3. Rao A.P., Somoyajulu V.V.Factors responsible for family planning acceptance with single child findings from a study in Karnataka. Demography India,1999; 28 (1) : 65-73
4. Gaur D.R., Goel M.K., Goel M. Contraceptive practices and related factors among females in predominantly rural Muslim area of North India. The Internet J of World health and Societal Politics,2008; 5 (1)
5. Kumari C. Contraceptive practices of women living in rural areas of Bihar. Br J Fam Plann,1998; 24 (2): 75-7
6. Shah N J, Pradhan P, Reddy A S, Joseph B. Contraceptive practices in newly married women in sub- urban Bangalore. Health and Population- Perspectives and Issues,2006; 29(1): 21-28
7. Banerjee B. Socio economic and cultural determinants on acceptance of permanent methods of Contraception. The Journal of Family Welfare, 2004; 50 (1) : 54-58.
8. A Kansal, R Chandra, S D Kandpal, K.S Negi.Epidemiological Correlates of contraceptive Prevalence in Rural Population of Dehradun District”. Indian J Of Community Medicine ,2005; Vol 30 (2) : 60-62

Author Information

Sangeeta Girdhar

Associate Professor, Department of Community Medicine, Dayanand Medical College and Hospital

Anurag Chaudhary

Professor and Head, Department of Community Medicine, Dayanand Medical College and Hospital

PJS Gill

Associate Professor, Department of Community Medicine, Dayanand Medical College and Hospital

Ravinder Kumar Soni

Professor, Department of Community Medicine, Dayanand Medical College and Hospital

R.K. Sachar

Professor and Head, Department of Community Medicine, SGRD Institute of Medical Sciences