



Original Research Article

Exploration of perception of contraceptives among married women in rural West Bengal

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Abstract

Introduction: Unregulated fertility not only has adverse impact on the health of a woman and her child but also disrupts the economy of society and nation. Thus appropriate knowledge and practice of contraception by couples can help in reducing population burden in a major way and thus markedly improve both health and economy of the nation.

Aim: This study was undertaken to determine the knowledge and practice of contraception among married women in rural West Bengal and association of practice with female literacy.

Material and methods: A cross-sectional, clinic-based study was conducted using a pre-designed semi-structured questionnaire on 104 married women in the reproductive age group, attending the outpatient department of a rural health centre at Singur block, West Bengal. Pregnant women were excluded from the study.

Results: Majority of the women had knowledge about permanent methods (99.03%), oral pills (95.19%) and condoms (94.23%) but very few knew about emergency contraceptives (8.65%) and none about female condoms, diaphragms and implants. Social circle (41.3%) and health personnel (31.7%) served as the major sources of information. 85.57% were currently using some form of contraception. Most of the current users (49.04%) had undergone tubal ligation but none adopted male sterilization. Completion of family was the main reason of usage (57.3%) and fear of side effects (46.7%) and desire for children (40%) were the main reasons behind non usage. Husbands mostly decided the method of contraception (64.04%). Education served as a significant determinant of contraceptive use.

Conclusion: Elimination of stigma related to vasectomy and women empowerment and literacy will improve contraceptive use.

Key words

Knowledge, Practice, Contraception, Rural, Women, Tubal Ligation, Education.



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. Under National Population Policy India is committed to stabilize its population growth by achieving a Net Reproduction Rate of "1" through a Couple Protection Rate of at least 65%. Also the National Rural Health Mission aims at achieving a Total Fertility Rate of 2.1 towards meeting the same end [1].

In spite of wider access to mass media and health care delivery systems women residing in rural areas of India still have very little decision making power with respect to sexual matters and practice of contraception. Their low literacy level often acts as a hindrance and moreover being a patriarchal society, most often it is the husband who takes the decision regarding the usage or non use of contraception.

In this context the present study is aimed at determining the Family Planning related knowledge and current practices among women of reproductive age group attending the outpatient department of a rural health centre in West Bengal. The study also aims to identify the association (if any) of contraception practice with the literacy level among the study subjects.

Material and methods

Study type

It is a cross sectional clinic based epidemiological study.

Study area

The outpatient department of Anandnagar Union health centre, Singur block which forms the rural field practice area of All India Institute of Hygiene and Public Health, Kolkata.

Time line

The study was conducted over a period of two months from (1st December, 2014 to 31st January, 2015)

Study population

All married women of reproductive age group between 15 to 49 years of age who attended the outpatient clinic at Anandnagar Union health centre held twice in a week on Monday and Thursday during the study period.

Exclusion criteria

- Pregnant women
- Seriously ill women
- Women less than 15 years or more than 49 years
- Unmarried women
- Women unwilling to participate

Sample size

140 women attended the outpatient department in the stipulated time period. Among them, 20 pregnant women, 7 unmarried women, 4 seriously ill women and 5 women unwilling to participate were excluded. The final sample size turned out to be 104.

Study tool

A predesigned, semi-structured questionnaire was prepared. It was rectified by the experts in Public Health at All India Institute of Hygiene and Public Health, Kolkata to enhance its face and content validity. It was translated into Bengali, the local language maintaining its semantic equivalence and subsequently used for interviewing the women. The questionnaire was divided into two sections.

- The first section comprised questions about the socio-demographic profile of the respondents.
- The second section had questions pertaining to the knowledge and current practice of contraception among the



respondents along with questions about the reason of use and non use of contraception, source of knowledge and decider of the method.

Statistical analysis

Appropriate statistical analyses in the form of proportions and Chi square test was performed using SPSS version 19.

Ethics consideration

The Institute Ethical Committee had approved the study protocol. Permission was obtained from the Officer in Charge of Rural Health Unit and Training Centre, Singur as well as the Medical Officer in charge of the Anandnagar Union Health Centre to conduct the study in the outpatient clinic of Anandnagar, Singur block, West Bengal.

Informed verbal consent was obtained from the study participants after explaining to them that the data obtained from them would be used for research and academic purposes and full confidentiality will be maintained.

Results

Most of the study subjects (44.23%) were aged 35 years and above. 64.4% belonged to the unreserved category and 35.6% to the reserved category. 94.23% were practicing Hinduism whereas 0.96% belonged to Islamic faith. All (100%) of them were homemakers whereas the husbands in 75.9% cases were involved in agricultural work. 79.8% of the respondents belonged to nuclear families and 49.04% had two or more children.

Importantly most of the respondents (33.7%) had completed education till middle level (Eighth grade). But only 28.8% had studied till secondary level or higher though merely 5.8% were illiterate.

Majority of the respondents (99.03%) knew about male and female sterilization, 95.19% about oral pills, 94.23% about condoms and 86.53% about copper-T as per **Table - 1** whereas none of them knew about female condoms, vaginal diaphragms, and implants. And only 8.65% of the respondents had heard about emergency contraceptive pills. The main source of knowledge about the contraceptive methods was the social circle (41.3%) followed by health personnel (31.73%) involving doctors and health workers as well as mass media (27%).

Current practice of contraception among the respondents was as per **Figure - 1**. Majority of them (49.04%) had undergone tubal ligation. 19.23% used condoms and 7.69% used oral pills. But 14.42% were not using any form of contraception. It was observed that all the respondents having two or more children had undergone tubal ligation.

Completion of family (57.3%), and maintaining space between successive pregnancies (30.3%) were the major reasons for use of contraception by the respondents as per **Table - 2** whereas fear of side effects (46.7%), and desire for more children (40%) led to non use of contraception among them. Besides, husbands decided the method to be adopted for contraception in most of the cases (64.04%).

In this study, literacy level of the respondents was as per **Table - 3** to have significant association with the current practice of contraception ($p < 0.05$).

Discussion

Though the knowledge about permanent methods and conventional temporary methods like Oral pills, Condoms and Copper-T is wide among the respondents of this study but there is a lacuna in the knowledge about methods like



injectables, implants, diaphragms, female condoms and emergency contraceptives which are less commonly used.

Majority of the respondents (99.03%) in this study knew about male and female sterilization, 95.19% about oral pills, 94.23% about condoms and 86.53% about copper-T. The results differed from another study done in a rural area of Maharashtra [2] where only 34% know about oral pills, 57.9% about condoms and 67.5% about Copper-T. But 19.23% of respondents in our study knew about injectables and this result was comparable with the Maharashtra study [2] where 14.9% knew about injectables.

The knowledge about emergency contraceptives among the respondents was slightly better (8.65%) than a study done in rural Uttar Pradesh [3] where only 2% of the respondents are aware of emergency contraception though the result of our study was lower than NFHS-III report which said that knowledge about emergency contraception was 11% among women [3].

The main source of knowledge in our study comprised the social circle (41.3%) and health personnel (31.73%) involving doctors and health workers unlike another study where mass media serves as the main source of information (70%) [2]. In a study done in a Gynecological outpatient clinic of a hospital in Karachi [4], mass media once again formed the major source of information (64.1%) unlike in our study.

In our study, 85.58% of the respondents were practising some method of contraception which was much higher than a study [1] where contraceptive prevalence rate was 60% among the respondents. But the overall prevalence of female sterilisation was comparable with the same study where it is 48% whereas in our study it was 49.04%.

Fear of side effects (46.66%) and desire for more children (26.66%) served as the major causes for non use of contraception in our study. The results here are similar to a study done in West Bengal [5] where 33% of the women didn't use contraceptives due to fear of side effects. But it is different from a study done in Maharashtra [2] where family pressure accounted majorly (37.5%) for non practice of contraception.

Like many other studies in this study [6, 7], most of the women admitted that they allowed their husbands to decide the method (64.04%). In this study literacy level of the women had a significant association with the current practice of contraception ($p < 0.05$), the results being comparable to a study [1] where literacy is shown to increase family planning related knowledge and practice.

Conclusion

Knowledge about contraceptive methods not used commonly is fragmented. Intensive health education needs to be given to the women to enhance their awareness about female condoms, injectables and more importantly emergency contraceptives and the circumstances of their use. 72.1% of the respondents admit that their husbands believe that vasectomy would be detrimental to their general health. So, strong motivation of the couples by health personnel is required to help remove the myth about male sterilization such that more and more couples are encouraged to adopt it.

Government of India provides a wide range of family planning services free of cost in all public health institutions. But in addition to these services, contextual factors like female literacy and gender equity should be promoted for sustaining a successful family planning program. Because only an educated female can exercise



enhanced control over regulation of her fertility and thereby regulates the population growth of the nation.

Limitations

- Being a clinic based study; the generalizability of the results to the entire community is not justifiable.
- Besides the time constraint had allowed collection of data from a small sample.
- The women usually came alone so their husbands couldn't be interviewed regarding their awareness about the need of family planning.
- The knowledge and practice of contraception was self reported so there might have been some misreporting keeping in mind the low literacy level of the respondents.

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References

1. S.A. Rizwan, Kankaria Ankita, Roy K Ronald, Upadhyay P Ravi, C. Palanivel, Chellaiyan Gnana Vinoth, D Babu Surendra. Effect of literacy on family planning practices among married women in rural South India. *International Journal of Medicine and Public Health*, 2012; 2(4).
2. Ghike Sunita, Joshi Sulbha, Bhalerao A, Kawthalkar A. Awareness and

Contraception Practices among Women- An Indian Rural Experience. *South Asian Federation of Obstetrics and Gynaecology*, 2010; 2(1): 19-21.

3. Nigam Aruna, Maheshwari Neha, Prakash Anupam. Knowledge of Emergency Contraception and Contraceptive Practices: Representative Study from Rural Uttar Pradesh. *Indian Journal of Community Medicine*, 2010; 35(3): 449-450.
4. Mustafa Rozma, Afreen Uzma, Hashmi A. Haleema. Contraceptive Knowledge, Attitude and Practice among Rural Women. *Journal of the College of Physicians and Surgeons Pakistan*, 2008; 18(9): 542-545.
5. Maulik Sanghamitra, Dasgupta Aparajita. Knowledge, perceptions and practice of 'family planning' methods in mothers visiting an immunization clinic of rural Bengal, India. *Indian Journal of Medical Specialities*, 2013; 4(1): 75-80.
6. Renjhen P, Gupta SD, Barua A, Jaju S, Khati BA. Study of knowledge, attitude and practice of family planning among the women of reproductive age group in Sikkim. *J Obstet Gynecol India*, 2008; 58: 63-7.
7. Adhikari R. Demographic, socio-economic, and cultural factors affecting fertility differentials in Nepal. *BMC Pregnancy Childbirth*; 2010; 4(4): 186-9.

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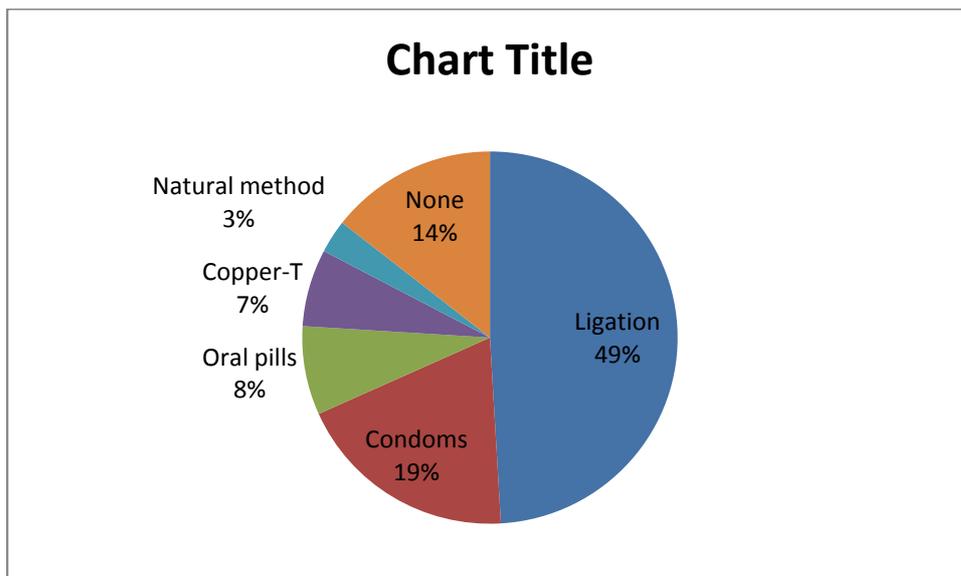
Conflict of interest: None declared.

Table - 1: Awareness about various contraceptive methods among the respondents. (Multiple responses)

Contraceptive method	Frequency of awareness N (%)
Barrier method	
1)Male condom	98 (94.23)
2)Female condom	0 (0)
3)Diaphragm	0 (0)
Hormonal methods	
1)Pills	99 (95.19)
2)Injectables	20 (19.23)
3)IUCD	90 (86.53)
4)Implants	0 (0)
5)Emergency contraceptive pills	9 (8.65)
Surgical methods	
1)Tubal ligation	103 (99.03)
2)Vasectomy	103 (99.03)
Natural methods	
1)Withdrawal method	64 (61.53)
2)Rhythm method	24 (23.1)
3)Lactational amenorrhea	19 (18.3)

Majority of the respondents had knowledge about tubal ligation and vasectomy (99.03%) respectively and none had knowledge about female condoms, diaphragms and implants.

Figure - 1: The current practice of contraception among the respondents.



Majority of the respondents had undergone tubal ligation.

Table - 2: Reasons for use and non-use of contraception among the respondents and the decider of the method.

Reasons for usage	Frequency N (%) (Total N = 89)
1.Completion of family	51 (57.3)
2.Spacing between successive children	27 (30.3)
3.Not desirous of having children presently	10 (11.2%)
Reasons for non usage	Frequency N (%) (Total N = 15)
1.Fear of side effects	7 (46.7)
2.Desire for more children	6 (40)
3.Infrequent sex	2 (13.3)
Decider of the method	Frequency N (%) (Total N = 89)
1.Husband alone	57 (64.04)
2.Husband and Wife jointly	17 (20.8)
3.Wife alone	0 (0)
4.Others	15 (16.9)

Completion of family was major reason for use of contraception whereas fear of side-effects being the main reason for non use. Husband decided the method to be adopted for contraception in most cases.

Table - 3: Association between literacy level and current practice of contraception among the respondents. (Total N = 104)

Education	Total N	Current users	Non-users	Chi square value
1.Illiterate	6	3	3	20.886 p=0.04
2.No formal schooling	3	1	2	
3.Below Primary	11	9	2	
4.Primary	19	14	5	
5.Middle	35	34	1	
6.Secondary	20	18	2	
7.Higher Secondary	8	8	0	
8.Graduate	2	2	0	
Total	104	89	15	

Literacy level has a positive association with current practice of contraception. (p value<0.05)