Contraceptive Utilization among Married Rural Women of Varanasi District, Uttar Pradesh

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ABSTRACT

Contraceptive methods are preventive methods to help women to avoid pregnancies. A survey based study was performed in five villages of Harahua block of Varanasi District to know the socioeconomic background of the married rural women and to assess their use of contraception. Socio-economic variables are considered to be the most important factors which influence the acceptance of contraception in many ways. Keeping in consideration four hundred married women of 18 to 35 years of age group were selected and was administered by interview schedule. The results clearly show that, majority of women respondents (54.2 %) were in the age group of 18 to 26 in which (75.7%) among them belong to OBC (other backward classes). Most of them were housewife (62.7%) and (58.5%) among them belong to lower class followed by (38%) were from lower middle class. It was observed that the age of marriage was significantly associated with the age, caste and educational status of rural women. (82.5%) women respondents were fully aware about five methods, which were Oral pills, Tubectomy, Vasectomy, IUCD, Male Condoms and Injections Further the main source of information of the respondents regarding contraception (71.8%) were family members, neighbours, friends and relatives, it can be observed that (89%) women respondents reported that there are side effects in using contraceptive methods in which, majority of them (30.33%) suffering from lower back pain, (64.9%) respondents agreed that the decision maker regarding contraception was their husband, followed by (32.8%) of them consented for both husband and wife, only (2.3%) reported for themselves alone, as the decision maker regarding family planning methods. The table again show the statistical significant association between educational status and decision making pattern of family planning methods among the women participants.

Key Words : Contraceptive methods, Contraception, Intra uterine contraceptive device (IUCD) Tubectomy, Vasectomy

INTRODUCTION

According to the latest National Family Health Survey (NFHS-4), the total unmet need for family planning in currently married women age 15 to 49 years is (13.2%) in rural area in contrast to (NFHS-3) which was 13.9%, in continuation to this use of any of the methods of family planning in women living in rural areas is approximately (51.7%) which is less in compare to (NFHS-3) which was nearly (56.3%). This data are not yet satisfying as the uptake of preventive health services is low in the state Uttar Pradesh, especially among rural and uneducated women. Low literacy and lack of awareness about services scheme and entitlements, low status of women, poverty, and cultural factors are among the crucial factors that determine the health seeking behaviour in the state. (Prasad, 2009). Another figure determined by WHO is that, family planning allows people to attain their desired number of children and determine the spacing of pregnancies. It is achieved through use of contraceptives methods and the treatment of infertility; also around two hundred four million women of reproductive age who want to avoid pregnancy are not using a modern contraceptive method. Reasons generally include limited choice of methods, limited access to contraception, fear of experience of side effects, cultural

or religious opposition, gender-based barriers and poor quality of available services.

METHODOLOGY

The study was carried out to know the utilization of contraception among the married rural women from different socio economic class, caste and religion. A Sample of four hundred non-pregnant, non-lactating, women of 18-35 age group was administered by interview schedule, which was developed earlier and pretested in pilot study. The study is confined to Harahua district of Uttar Pradesh in which five villages, Lodhan, Holapur, Parmanandpur, Ahmadpur and Chuppepur were selected using the stratified sampling method and statistical formulae. After data collection, statistical analysis was done by using SPSS software (Statistical Package for Social Sciences Version 16), in which statistical tests were applied for finding the correlation between the variables. The period of the study was December 2017 to June 2018. The socio-economic characteristics used as an indicator in the present study are as follows; age at marriage, number of living children, family type, religion, caste, education, occupation, type of family, type of house and socio economic status.

RESULTS AND DISCUSSION

The age of rural married women is presented in Table 1, which reflects that out of four hundred respondents, (217 %) were between the age group of 18 to 26, while (45.8 %) of respondents were from the age group of 27 to 35 years, in which the average age was 26.48±3.06.

Table 1 : Distribution of respondents on the basis of their age

Age of the Women Respondent	N=400	
Age group (in years)	No.	Percentage
18-26	217	54.2
27-35	183	45.8
Average age ±S.D	26.48±3.06 , Range (18-35)	

Table 2, reveals that (95.8 %) of the respondents were Hindus, (2.7%) of the respondents were Christians and the remaining (1.5 %) was Muslims in the selected area. A higher proportion of women respondents (75.7%) belong to other backward classes with (14.8%) from Schedule Caste and the remaining (9.5 %) were from General category, in continuation to this, (17.7 %) of

respondents were illiterate out of total four hundred selected study subjects, in which majority of married women respondents (50.5%) were educated upto primary level, (19.2%) middle school, only (9.8%) and (2.8%)

Table 2 : Distribution of respondents according to religion, caste, education, occupation, type of family, type of house and socio economic status

Religion			N=400
Sr. No.		No.	Percentage
1.	Hindu	383	95.8
2.	Muslim	06	1.5
4.	Christian	11	2.7
Caste			
1.	Scheduled Caste	59	14.8
2.	Other Backward Class	303	75.7
3.	General	38	9.5
	Total	400	100.0
Educational Status			
1.	Illiterate	71	17.7
2.	Primary	202	50.5
3.	Middle	77	19.2
4.	High school	39	9.8
5.	Intermediate	11	2.8
6.	Graduation	-	-
Occupation			
1.	Housewife	251	62.7
2.	Agricultural Work	124	31.0
3.	Maid servant	11	2.8
4.	Labour	07	1.8
5.	Shopkeeper	05	1.2
6.	Private job (Tailoring)	02	0.5
Type of Family			
1.	Nuclear	237	59.2
2.	Joint	163	40.8
Type of House			
1.	Kaccha	05	1.2
2.	Pakka	27	6.8
3.	Kaccha+Pakka (Mixed)	368	92.0
Socio-economic status*			
1.	Upper class	-	-
2.	Upper middle class	01	0.2
3.	Middle class	13	3.3
4.	Lower middle class	152	38.0
5.	Lower class	234	58.5
Average monthly per capita income ±S.D. =9550.30 ± 402.27 Range (214.29-3250.00)			
*Classification according to updated B.G. Prasad Scale based on Monthly Per Capita Income (MPCI) 2017			

completed their Intermediate and Graduation courses, respectively. The above table also shows that, literacy improved in rural women but the educational level does not present the satisfying picture, further it can be seen that, (62.7%) of respondents were homemaker, (31%) of them were engaged in agriculture, and (2.8%) were maid servant with (1.8%), (1.2%) and (0.5%) were labourer, shopkeeper and private job like tailoring, respectively. The study population is broadly classified into nuclear and joint family. Out of four hundred respondents majority (58.2%) were from nuclear family and (40.8%) were living in joint family, in which (92.0 %) have Kaccha+Pakka (Mixed) type of house (58.5%) women respondents belong to Lower class followed by (38%) of them were from lower middle class.

Table 3 reveals the significant association between the age of marriage with their present age, caste group and educational status. Further, Table 4 Clearly indicate that the maximum number of respondents (42 %) have

three childrens and (33.0%) have two childrens, in which majority of them (48.2%) were male child, which were more in compare to female child, which was only (29.3%). Further it can be seen that (14.2%) of respondents were having no female child which represent the desire for male children in women respondents.

Table 5 reveals that, (82.5%) of women respondents were fully aware about five methods which involves Oralpills, Tubectomy, Vesectomy IUCD, Male Condoms and Injections in which (17.5%) were partially aware including only four methods which are Oralpills, Tubectomy, Vesectomy ,IUCD and Male Condoms. Further the main source of information of the respondents regarding contraception (71.8%) were family members, neighbours, friends and relatives followed by (24.2%) from health workers only (4%) among them reported to audio visual aids and print media.

Table 6, indicate that (99%) rural women were currently using contraceptive methods, in which majority

Table 3 : Distribution of respondents according to their age at marriage in relation to their present age, caste and educational status

Sr. No.	Present Age (in years)	Age at marriage (in years)							
		12-14		15-17		18-21		Total	
		No.	%	No.	%	No.	%	No.	%
1.	18-26	6	2.8	78	35.9	133	61.3	217	100.0
2.	27-35	19	10.4	109	59.6	55	30.1	183	100.0
	Total	25	6.2	187	46.8	188	47.0	400	100.0
		$\chi^2 = 41.67$, df = 2, P<0.001***							
Caste Group									
1.	SC/ST	7	11.9	35	59.3	17	28.8	59	100.0
2.	OBC	17	5.6	133	43.9	153	50.5	303	100.0
3.	GEN	1	2.6	19	50.0	18	47.4	38	100.0
		$\chi^2 = 11.52$, df = 4, P<0.05*							
Educational Status									
1.	Illiterate	7	9.9	46	64.7	18	25.4	71	100.0
2.	Primary-Middle	15	5.4	131	47.0	133	47.6	279	100.0
3.	High school- Intermediate	3	6.0	10	20.0	37	74.0	50	100.0
		$\chi^2 = 29.28$, df =4, P<0.001***							

Table 4 : Distribution of respondent's on the basis of their living male, female as well as total children

Sr. No.	Number of living children	Male		Female		Total	
		No.	Percentage	No.	Percentage	No.	Percentage
1.	0	12	3.0	57	14.2	-	-
2.	1	152	38.0	202	50.5	07	1.8
3.	2	193	48.2	117	29.3	132	33.0
4.	3	32	8.0	20	5.0	168	42.0
5.	4	08	2.0	3	0.8	67	16.8
6.	5 and above	03	0.8	1	0.2	26	6.4
	Total	400	100.0	400	100.0	400	100.0
	Average number of children ±S.D.	1.70 ± 0.80		1.28 ± 0.82		2.96 ± 1.01	

of them (35.6%) adopted Tubectomy (Female Sterilization), followed by (27.5%) with Oral Contraceptive pills, (22.5%) using Copper-T, (12.9%) practicing male condom, only few of (1.5%) were using Injectables as contraceptive methods.

Table 7, reveals that (38.8%) of study participants admitted that Tubectomy (Female Sterlization) is the safest and effective method of family planning, (26.5%) consider Oral Contraceptive Pills, with (21%) to Copper-T, only (1.8%) and (1%) responded to Injections and Vesectomy (Male Sterlization) as the safest and effective method.

From Table 8, it was observed that (89%) women respondents reported that there are side effects in using contraceptive methods in which, majority of them (30.33%) complained lower back pain, (20.70%) obesity, (20.22%) Fever, Headache and Fatigue, (13.48%) abdomen pain, (7.30%), (5.33%) of rural women complained skin allergy, irregular menstruation,

uncontrolled bleeding, loss of appetite, itching and pain in genital organs.

The Table 9, shows that among 396 women contraceptive users, majority of the (64.9%) respondents agreed that the decision maker regarding contraception was their husband, followed by (32.8%) consented for both husband and them, only (2.3%) reported for themselves alone as the decision maker regarding family planning methods. The table again show the statistical significant association between educational status and decision making pattern of family planning methods among the women participants.

An expert committee (1971) of WHO defined Family Planning as a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individual and couples in order to promote the health and welfare of the family group and thus contribute effectively to the social

Table 5 : Distribution of respondents on the basis of their knowledge and their sources for getting information regarding different contraceptive methods			
Sr. No.	Awareness of contraceptives methods	N=(400)	Percentage
1.	**Fully** - At least five methods (Oralpills, Tubectomy, Vesectomy IUCD, Male Condoms and Injections)	330	82.5
2.	**Partially** -At least four methods (Oralpills, Tubectomy, Vesectomy, IUCD, Male Condoms)	70	17.5
Sr. No.	Sources of knowledge		
1.	Health workers: Anganbadi workers, Doctor ,Nurse, A.N.M	97	24.2
2.	Localite Channels : Family members, neighbours, friend ,relatives	287	71.8
3.	Audio Visual Aids and print media : TV, Radio, Films , Poster, News Papers, magazines, etc.	16	4.0

Table 6: Distribution of respondents on the basis of current practices regarding contraception			
Sr. No.	Practice of contraceptive methods	N=(400)	Percentage
1.	Yes	396	99.0
2.	No	04	1.0
Type of contraceptive methods among users			N= (396)
1.	Tubectomy (Female Sterilization)	141	35.6
2.	Oral Contraceptive pills	109	27.5
3.	Intra uterine contraceptive device (IUCD) (3 years)	89	22.5
4.	Male condom	51	12.9
5.	Injectables	06	1.5

Table 7 : Distribution of respondents on the basis of their knowledge regarding safe and effective family planning method			
Sr. No.	Family Planning Methods	No.(N=400)	Percentage
1.	Tubectomy (Female Sterlization)	155	38.8
2.	Oral Contraceptive Pills	106	26.5
3.	Copper – T (IUCD)	84	21.0
4.	Condoms (Male)	44	11.0
5.	Injections	07	1.7
6.	Vesectomy (Male Sterlization)	04	1.0

development of a country.[1] " The main purpose and objective of Family planning programme in India (1952) is that people should adopt the "small family norm". Present Study shows that majority of respondents were from the early reproductive age group of 18-26 years in which majority of them were Hindu and only (50.5%) among them completed their primary education and are housewife. Most of the women respondents were married (61.3%) between the age of 18-21 which is more in compare to (30.1%) in the late reproductive period. This represent that the concept of early marriage in the rural environment has little bit changed the reason can be the

child marriage act 2006 which has been passed on but still there is a need of awareness regarding child marriage since a significant association between the age of marriage was observed with their present age, caste and educational status. The study shows a strong evidence of son preference as nearly half of women (48.2%) have more than one male child in their family as compared to female child which is only (29.3%) also, the average no. of male children contributes (1.70±0.80) shows greater difference with female child which is (1.28±0.82), girls are under-represented in births and over-represented in child deaths (Kaur and Sinha, 2018).

Table 8 : Distribution of respondents on the basis of their side effects of using different family planning methods

Sr. No.	Side effects of using family planning methods.	No.(N=400)	Percentage
1.	Yes	356	89
2.	No	44	11
Type of side effects			N= (356)
1.	Lower Back pain	108	30.33
2.	Obesity	74	20.70
3.	Fever, Headache and Fatigue	72	20.22
4.	Abdomen Pain	48	13.48
5.	Weight Reduction	26	7.30
6.	Skin Allergy	19	5.33
7.	Uncontrolled bleeding	15	4.21
8.	Loss of appetite	15	4.21
9.	Irregular Menstruation	10	2.80
10.	Itching and pain in genital organs	6	1.68

Table 9 : Distribution of rural women respondents on the basis of their decision related to the use of family planning method
(N= 396)

Sr. No.	Age (in years)	Views regarding decision making of different family planning methods in relation to their age, caste and educational status							
		Self		Husband		Both (Self and Husband)		Total	
		No.	%	No.	%	No.	%	No.	%
1.	18-26	07	3.3	139	64.6	69	32.1	215	100.0
2.	27-35	02	1.1	118	65.2	61	33.7	181	100.0
	Total	09	2.3	257	64.9	130	32.8	396	100.0
	$\chi^2 = 2.08$, df = 2, P>0.05								
Caste									
1.	SC/ST	03	5.3	40	70.1	14	24.6	57	100.0
2.	OBC	06	2.0	194	64.5	101	33.5	301	100.0
3.	GEN	0	0.0	23	60.5	15	39.5	38	100.0
	$\chi^2 = 5.32$, df = 4, P>0.05								
Educational Status									
1.	Illiterate	01	1.4	52	75.4	16	23.2	69	100.0
2.	Primary-Middle	07	2.5	187	67.5	83	30.0	277	100.0
3.	High school- Intermediate	01	2.0	18	36.0	31	62.0	50	100.0
	$\chi^2 = 23.80$, df = 4, P<0.001*								

* Significant at 0.1 % level

In the last two decades, the percentage of women accessing contraceptives in both developed and developing countries has increased, (United Nation Report 2011) report that about sixty three per cent of women ages 15 to 49 years were using some form of contraception. Our study clearly shows that (82.5%) of the women respondents were fully aware about contraceptive methods and the main source of information of the respondents regarding contraception (71.8%) were family members, neighbours, friends and relatives. Other studies by Anjum and Durgawale (2014) found that (100%) women knew about one or more method of contraception, also study performed by Mustafa *et al.* (2015) reveal that majority of women knew about some modern contraceptive methods, but the overall contraceptive use was very low. Nearly (99%) of rural women were currently using contraceptive methods, in which majority of them (35.6%) adopted Tubectomy (Female Sterilization) and admitted that it is the safest and effective method of family planning, contradictory to that study done by Prateek (2012) shows that (52.4%) women were aware and only (32.2%) were actually using them, whereas similar study done by Kaur and Sinha (2018) revealed that (77%) both the couples were using contraceptive methods. Further (89%) of them reported that they were facing side effects in using contraceptive methods and complained about lower back pain, obesity, Fever, Headache, fatigue and abdomen pain, study done by Gore and Katkuri (2016) also figures (51%) of study subjects suffering from vaginal bleeding, (24%) giddiness and (14 %) abdominal pain. Further (64.9%) of women contraceptive users admitted that husband, was the foremost decision maker regarding contraception, significant association (P<0.001) was found between educational status and decision making pattern of family planning methods. Similar results were found in the study of Gore and Katkuri (2016) in which (44%) approval was for husband, (29%) for alone wife and (27%) by both of them.

Conclusion:

It can be concluded that a huge number of rural women were using contraceptive methods but they were facing many problems. Men should be involved for using family planning methods. Since the study show the greater use of contraceptives in females yet they should be encouraged to take the decision for using family planning methods themselves as it can ensure better reproductive health.

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