

Original Research Article

Satisfaction and discontinuation with the use of family planning methods among eligible couples of rural and urban areas of Karimnagar

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ABSTRACT

Background: Family planning in which the major component is use of contraceptive methods is a key constituent of health services. The growing use of contraception around the world has given couples the ability to have child as they wish and has tremendous life-saving benefits. Therefore, the current study was conducted to assess the family planning practice among the couples of reproductive age group in the field practice areas.

Methods: A cross-sectional study was conducted during February 2013-January 2014 among the couples residing in the field practice study areas. A semi-structured questionnaire regarding practices towards family planning was administered to 406 couples of the study area.

Results: It has been observed that about, 250 (61.6%) couples were practicing contraception, while 156 (38.4%) were not practicing any method. There was no statistically significant difference observed between the family planning practices of couples in rural and urban area ($p=0.54$).

Conclusions: The study revealed that most of the couples were practicing at least one family planning method with marginal difference in urban and rural area. Among those who were practicing, most common method was tubectomy followed by vasectomy, OCPs and IUDs and most of them were satisfied regarding the adopted method. Sustained efforts on dissemination of information, providing education and increasing communication with couple in reproductive ages and improved family welfare service along with regular availability of contraceptive level would also help in improving adoption and use of family planning measures.

Keywords: Practices, Family planning methods, Rural, Urban

INTRODUCTION

Family planning in which the major component is use of contraceptive methods is a key constituent of health services and it benefits the health and wellbeing of women, men, children, families, and their communities. The widespread adoption of family planning represents one of the most dramatic changes of the 20th century. The growing use of contraception around the world has

given couples the ability to choose the number and spacing of their children and has tremendous life saving benefits. Yet despite the impressive gains, contraceptive use is still low and the need for contraception high in some of the world's poorest and most populous places.¹

Contraception has been the single most important intervention to reduce burden of unwanted pregnancy as well as to promote healthy living among young adults.

Globally, contraceptive prevalence is estimated at 63 per cent in 2011. In developing countries, 55 million unintended pregnancies occur every year to women not using contraceptive method; another 25 million occur as a result of incorrect inconsistent use of contraceptive method and method failure.² If contraception were accessible and used consistently and correctly by women who want to avoid pregnancy, maternal death would decline by 25-35%. Abortion is a direct indicator of unintended pregnancy and around 35 million abortions occur in developing countries each year and approximately 20 million of these are unsafe abortions; which claim lives of 67,000 women as a result of related complications, these deaths represent 13-25% of all pregnancy related mortality. Further, the levels of unwanted fertility too have been quite high in India among all and particularly among married young women.

Many countries have introduced family planning programs since the 1960s. India launched National Family Planning Program, in the year 1952 yielded noticeable results by bringing down fertility rates. With the use of contraceptive methods, fertility continues to decline in India. The current total fertility rate (TFR) of 2.7 was down slightly from 2.9 children per woman at the time of NFHS-2, but is still well above the replacement level of just over two children per woman. In urban areas, the TFR has reached replacement levels (2.1), but in rural areas the TFR is 3.0. The couple protection rate (CPR) for currently married women in India is 56 per cent, up from 48 per cent in National Family Health Survey (NFHS-2). The infant mortality rate (IMR) in India is steadily declining. The NFHS-3 estimate of IMR is 57 deaths per 1,000 live births, compared with the NFHS-2 estimate of 68 deaths per 1,000 live births and the NFHS-1 estimate of 79. Still, more than one in 18 children die within the first year of life, and more than one in 13 die before reaching age five.³ A better use of family planning could reduce many of these mistimed and unplanned pregnancies, while at the same time it could reduce the number of unsafe abortions as well as the mortality related with child birth.⁴

Couples have a right to choose and decide upon the number of children they desire. This means that both partners have the right to be involved in fertility matters and as such husbands play a crucial role in fertility decision-making in most of the world.⁵ Studies indicated that acceptance of children as God's will, attitudes towards preventing pregnancy; knowledge on different method choice and the understanding of the side effects of different methods are among the factors related to contraceptive use.⁶ Moreover, studies on perception of spousal approval and opposition from husbands are positively associated with low contraceptive use.⁷ Therefore, the current study was conducted to assess the family planning practice among the couples of reproductive age group in the two ecological settings of Karimnagar district (rural and urban setting).

METHODS

This was a community based cross-sectional study that has been conducted among the couples residing in the rural and urban field practice, under Department of Community Medicine at Prathima Institute Of Medical Sciences at Karimnagar, Telangana, for a period of 1 year from February 2013-January 2014. The rural health training center (RHTC) is located at Vutoor includes four villages (Vutoor, Pachnoor, Veldhi and Vegurapally) covering a total population 11,258. Based on the village health survey, conducted by RHTC, a list of all eligible couple (1980 eligible couples) in the area was prepared and by using systematic random sampling, every 4th couple was selected for study.

The urban health training center (UHTC) of the department was located at Katta Rampur area, covering a total population of 12,2000 was selected for the study of urban participants. As per the previous survey a list of about 2168 eligible couples were obtained and based on the sample size by using systematic random sampling, every 5th couple was selected for the study. The sample size was calculated by using the formula $n = \frac{z^2 p(100-p)}{\epsilon^2}$ considering the estimated prevalence of use of contraceptive methods (60%) and the margin of error on p (put at 5%) adding up 10% of the calculated sample size for non-respondents, the sample size was calculated to be 812 (203 couples each were selected from both areas).

A semi-structured questionnaire was used to gather data and the questionnaire included questions on practices of couples towards different contraceptive methods, reasons for not using contraceptive methods, reasons for dissatisfaction and reasons for discontinuation of contraceptive methods. Institutional ethical clearance was received before the commencement of the study and informed written consent was taken from all participants. The data thus collected was coded and entered on a Microsoft excel sheet and analyzed by using Epi Info version 7 and the results are presented in the form of tables and percentages.

Inclusion criteria

Inclusion criteria were all those couples who were in reproductive age group (15-45 years) and in a stable marital relationship (i.e. having been in a stable relationship for at least six months); those were willing to participate and gave informed consent for the study.

Exclusion criteria

Exclusion criteria were the couples who were not available at the time of data collection after frequent visits, those not willing to participate in the study and those women who underwent hysterectomy.

RESULTS

Table 1 presents reasons for not practicing the contraception in the community. The most common reason for not practicing the contraception was desired to

have more children was about 42.9%, while fear of side effects contribute to about 32.1% and partner opposition was 18.6%. On an average majority of participant have given multiple responses for not using contraception.

Table 1: Reasons for not using contraceptive methods.

Variables	Female		Male		Total	
	Number	%	Number	%	Number	%
To have more children	52	33.3	82	52.6	134	42.9
Partner opposition	48	30.8	10	6.4	58	18.6
Lack of knowledge regarding contraception	1	0.6	6	3.8	7	2.2
Lack of knowledge about where to get contraceptive	2	1.3	6	3.8	8	2.6
Lack of accessibility	1	0.6	6	3.8	7	2.2
Fear of side effects	60	38.5	40	25.6	100	32.1
Health concerns	6	3.8	8	5.1	12	3.8
Religion prohibition	1	0.6	4	2.6	5	1.6

Table 2: Distribution of practices of couples towards different contraceptive methods.

Variables	Urban		Rural		Total	
	Number	%	Number	%	Number	%
OCPs	14	10.9	8	6.6	22	8.8
IUDs	12	9.4	6	4.9	18	7.2
Emergency pills	6	4.7	0	0.0	6	2.4
Condoms	10	7.8	4	3.3	14	5.6
Periodic abstinence	0	0.0	0	0.0	0	0.0
Coitus interrupts	2	1.6	0	0.0	2	0.8
Rhythm period	1	0.8	0	0.0	1	0.4
Tubectomy	59	46.1	83	68.0	142	56.8
Vasectomy	24	18.7	21	17.2	45	18.0
Total	128	100	122	100	250	100

Table 3: Distribution of respondent's satisfaction with contraceptive method used.

Variables	Female		Male		Total		
	Number	%	Number	%	Number	%	
Satisfied	Yes	202	80.8	214	85.6	416	83.2
	No	48	19.2	36	14.4	84	16.8
Total		250	100	250	100	500	100
Reasons for non-satisfaction	Fear of side effects	32	66.7	18	50.0	50	59.5
	Inconvenience to use	6	12.5	12	33.3	18	21.4
	No accessibility	2	4.1	2	5.5	4	4.8
	Fear of failure	8	16.7	4	11.1	12	14.3
Total		48	100	36	100	84	100

Table 2 shows the current contraceptive use in the community. It was observed that the most commonly used methods by the participants was the female sterilization in urban areas 59 (46.1%) as well as in rural areas 83 (68%), followed by vasectomy in both urban and rural areas were 24 (18.7%) and 21 (17.2%) respectively. The current usage of temporary methods was high in urban areas compared to rural areas with OCPs 14 (10.9%), IUDs 12 (9.4%) and condoms 10 (7.8%) respectively.

Table 3 presents the satisfaction of the respondent with the use of current method. Among 500 respondents who were practicing, majority 416 (83.2%) were satisfied, while only a few 84 (16.8%) were not satisfied with the method. Regarding reasons for non-satisfaction a total of 50 (59.5%) given fear of side effects as a major reason, followed by inconvenience to use method 18 (21.4%) as a second reason.

Table 4 shows the reasons for discontinuation of the present method. Among a total of 500 respondents only a

few 54 (16.4%) of them want to discontinue the current method. The majority of the respondents in the study have given multiple responses among them desire to have

more children was considered as the most common cause by 32 (59.2%) respondents, followed by fear of side effects by 20 (37%).

Table 4: Willingness to discontinue the present method and reasons for discontinuation.

Variables		Female		Male		Total	
		Number	%	Number	%	Number	%
Discontinuation of the method	Yes	24	9.6	30	12	54	10.8
	No	226	90.4	220	88	446	89.2
Total		250	100	250	100	500	100
Reasons for discontinuation	Desire to have more children	14	58.3	18	60	32	59.2
	Fear of side effects	12	50.0	8	26.7	20	37
	Preferred method not available	0	0	2	6.7	2	3.7
	Inconvenience to use	6	25	4	13.3	10	18.5
	Fear of contraceptive failure	7	29.2	7	23.3	14	25.9
	Family members don't want	4	16.7	4	13.3	8	14.8
	Religious prohibition	2	8.3	2	6.7	4	7.4
	Source of contraceptive far	1	4.2	1	3.3	2	3.7
Reduced coital satisfaction	1	4.2	5	16.7	6	11.1	

DISCUSSION

There are variations in the type of contraceptive methods that are practiced in the study area. However, most of the practices were consistent with the DLHS survey findings, 2007-2008.⁸ According to survey the contraceptive prevalence rate of Karimnagar district, where the study conducted was around 67.8% for any method. Our findings of around 61.6% contraceptive usage are also similar to a study conducted by Bhasin et al who found around 60% of contraceptive prevalence.⁹ In contrast the prevalence of contraceptive use was found to be very low 34.9% in a study by Gaur et al in the rural Muslim area of Haryana.¹⁰

Regarding the usage of family planning methods, an important aspect is the type of contraception used. In our study about 61.1% respondents were using contraceptive methods, while 38.4% were not using. In a study done in fishermen in Tamil Nadu, almost two-fifths of the respondents had ever used some type of contraception during their married life and sterilization was the most accepted methods.¹¹ Singh et al in a study from Manipur conclude that the couples about 70% had adopted permanent family planning methods.¹² A study conducted by Khokhar et al observed that 61.3% of women were never practiced any method whereas in our study it is only 38.4% which again reflect the varying behaviors of community towards family planning acceptance.¹³

The majority of the respondents both in urban 59 (46.1%) and 83 (68%) rural areas underwent female sterilization. Similarly, in the present study, around 18.7% of couples in urban and 17.2% couples in rural area had adopted vasectomy as a permanent method of sterilization.

According to the findings of the DLHS survey in Andhra Pradesh, the percentage of use of different methods in the

Karimnagar district was found to be comparable to our study.⁸ About 18.7% were using male sterilization which was consistent with the present study, while 49.3% of women were using the tubectomy. In our study, we got a little higher proportion, 56.8% of women who underwent tubectomy. In India, as per NFHS 3, female sterilization has been adopted by 37.3% of couples practicing contraception, only 1% of the couples opt for male sterilization. One of the significant finding of DLHS is that Karimnagar district in Andhra Pradesh where the present study is conducted has had the highest rates of male sterilization through NSV for the years 2002-08. Our findings are consistent with both the survey result where we obtained a high proportion of females using permanent sterilization compared with males and overall high rates of vasectomy compared with the national average. Study elucidating the underlying causes for higher acceptance of NSV in the district showed that the method suggested by the peer/health worker, method does not require regular intervention and permanence of the methods were significantly associated with acceptance of vasectomy.¹⁴

Regarding the use of temporary methods, about 8.8% were using OCPs, IUDs (7.2%), Emergency pills (2.4%) and condoms (5.6%). Few couples, 1.2% practiced the withdrawal and safe period methods as well. Different studies have shown different preferences for methods of contraception used. In a study conducted by the Kaushal et al, authors observed that 50% of women were using OCPs, 12.2 % IUDs and 23.3% condoms.¹⁵ Similarly in a study conducted by Prachi et al around 37.9% of the respondents were using OCPs, 24% IUDs and 31% condoms respectively.¹⁶ Whereas in a study conducted by Vishwakarma et al found that 23.38% women were relying upon natural methods of contraception, 2% were using safe period and 21.2% abstinence for contraception.¹⁷

Many reasons were reported by the respondents for not using contraceptives. In our study, the desire for more children, 42.9% wanted to have more children, 32.1% had fear of side effects and 18.6% reported partner's opposition as a main reason for non-use of contraception. Reasons for non-use of contraception in other studies varied widely. In a study by Das et al, the most common reasons cited for never used contraceptive were eager to have more children (39%), opposition from family/partner (23%), lack of information (26%), side effects and unsatisfactory services (25%).¹⁸ Khokhar and Mehra et al found the main reasons for not using the contraception was being newly married (53.1%) and too soon after the marriage (22.4%) and 30.6% of them had unmet need to contraception.¹⁹ In a study conducted by Ghike had found that various reasons for non-use of contraception were varied. 590 (59%) had some family pressure from in laws, husband or because of practices of son preferences. While 21 (2.1%) had some fear, myths in their mind, 3.3% were thinking that children are God gifts so not use contraception and 11.7 % were of the opinion that MTP is one of the most common methods of contraception.²⁰ Many potential informational barriers exist to contraceptive use. Women must be aware of the methods available, must know where supplies of these methods can be obtained and they must know how to use the method they choose.

In the present study it was found that, among 500 respondents who were practicing, majority 416 (83.2%) were satisfied, while only a few 84 (16.8%) were not satisfied with the method. The major reason for non-satisfaction with usage of contraceptive methods given by the respondents was fear of side effects 50 (59.5%) followed by inconvenience to use method 118 (21.4%). In a study conducted by Ukegbu and Onyeonoro et al observed that the majority of current users of contraceptives 38 (86.3%) were satisfied with contraceptive method used. Only 5 (11.4%) expressed dissatisfaction with contraceptive method.²¹ Whereas in another study done by Ersek et al found that about 44% of women reported not being satisfied with their contraceptive method. When considered by type of contraceptive method, around 40% of non-coital dependent method users were dissatisfied with their contraception. However, 59.46% of coital dependent method users reported being dissatisfied with their contraceptive method. Further their study found that the most common reasons for dissatisfaction among all contraceptive users included, difficult to remember to take (39.00%), cost (16.00%), and inconvenience (14.00%).²²

In the present study, among current users, 10.8% of the respondents were willing to discontinue the method and among those the main reasons for discontinuation were, desire to have more children (59.2%), fear of side effects (37%) and fear of failure (25.9%). While in a study conducted by Khokhar and Mehra, around 22.2% were dissatisfied with the available contraceptives.¹⁹ Ersek et al

in his study observed that almost two-thirds (65.12%) of women had discontinued their last contraceptive method. The most commonly reported reasons for discontinuation were lack of sexual intercourse (30.00%), side effects (13.00%), and partner did not like method (12.00%). While other reasons for discontinuing their last contraceptive method included wanting to or becoming pregnant, stopped having sexual intercourse, cost, and being in a monogamous relationship.²²

In order to meet the changing needs of women over their life cycle, there is an urgent need to provide them with knowledge about the use of spacing methods. A strong commitment is required from field workers as the majority were obtained services from them and program managers at all levels to promote spacing methods in the both areas and motivate couples to accept them. In addition, quality services to provide the same should be available.

CONCLUSION

This study highlights that knowledge and awareness does not always lead to the use of contraception. Also one needs to understand the level of awareness and practices in the community before implementing the family planning programme. The study revealed that most of the couples were practicing at least one family planning method with marginal difference in urban and rural area. Among those who were practicing, most common method was tubectomy followed by vasectomy, OCPs and IUDs and most of them were satisfied regarding the adopted method. The reasons for not using any family planning methods are desire to have more children and fear of side effects. Sustained efforts on dissemination of information, providing education and increasing communication with couple in reproductive ages and improved family welfare service along with regular availability of contraceptive level would also help in improving adoption and use of family planning measures.

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