Original Research Article

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A study on contraceptive use among women attending immunization clinic at McGann teaching hospital, Shimoga

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ABSTRACT

Background: India is the first country to implement National family planning programme in 1952. Use of contraceptives can prevent at least 25% of all maternal deaths by allowing women to prevent unintended pregnancies and unsafe abortions, and protect themselves from sexually transmitting diseases. Even though there is wide availability of various types of contraceptives, the rate of population growth and unplanned pregnancies is still high. The acceptance and knowledge of contraceptive methods varies within the societies and factors responsible operate at the individual, family and community level.

Methods: A hospital based, cross-sectional study was conducted during August 2018 at McGann Hospital, Shimoga. The study sample included 200 women in the age group of 20 to 40 years attending immunization clinic with their children. Informed consent was taken from the subjects after explaining the purpose of the study to them. A pretested, semi-structured questionnaire was used to collect data by face-to-face interview of the study participants.

Results: Out of 200 women 51% were aged between 20 to 24 years of age. Majority (72%) were Hindus. 67.5% were currently using contraception. Among acceptors of family planning 42.3% had undergone tubectomy. OCP was the most commonly used temporary method of contraception. Age of the woman, religion, education, husband's education and number of children were found to be significantly associated with contraceptive usage.

Conclusions: Factors influencing fertility and contraceptive practices should be properly assessed and addressed. Newly married couples should be motivated for accepting spacing methods.

Keywords: Contraceptives, Family planning, Hospital, Immunization clinic, Reproductive

INTRODUCTION

Family planning has been defined by WHO as "a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individuals and couples, in order to promote and welfare of the family group and thus contribute effectively to the social development of the country.¹

Unavailability of family planning methods, can compromise the economic development and political stability. Many countries therefore consider limiting population growth as an important component of their overall developmental of the country as well as improving living standards of the people. Contraceptive usage can prevent at least 25% of all maternal deaths by preventing unintended pregnancies and unsafe abortions, and protect themselves from STD'S like syphilis, gonorrhea, HIV.²

India implemented national family planning programme in 1952 as a national population policy to control its population growth and reduce poverty.³ The utilization of contraceptive methods among Indian women is related to

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several factors such as religion, education, occupation of women etc. Currently, the most common method of contraception in India is female sterilization.⁴ In Karnataka, total percentage of women using family planning by any method was 51.8% overall, 48% and 54.5% being in urban and rural areas respectively (NFHS I 2005- 06).⁵

The present study was conducted among the women in reproductive age group attending the immunization clinic at McGann District Hospital, Shimoga to study the pattern of Family planning methods adapted and the socio-demographic factors influencing them.

METHODS

A hospital based cross-sectional study was conducted among women attending immunization clinic at department of paediatrics, McGann Hospital, Shimoga. Ethical clearance was obtained from the Institutional Ethics committee before conducting the study. The study was conducted for a period of two months during July 2018 and August 2018. The study included women in the age group of 20 to 40 years who accompanied their children for immunization in the hospital. 200 women were included in the study by using non-probability purposive sampling technique. Informed consent was taken from the subjects after explaining the purpose of the study to them. A pre-tested, semi-structured questionnaire having questions on socio-demographic profile, knowledge and practice of family planning, was used to collect data by face-to-face interview of the study participants. Microsoft Excel spreadsheet was used for data entry and EPI INFO 7 for analysis of data. Data was analyzed using appropriate statistical tests such as percentages and chi-square test.

RESULTS

A total of 200 women were interviewed. More than half of them (51%) belonged to 20 to 24 years followed by 35% in 25-29 years age group. 72% women belonged to Hindu religion. 12 (6%) women were illiterate. Majority of them were homemakers (72%). Husbands of 6% of women were illiterate. Majority of women belonged to families with monthly income between Rs 10,000 to 20,000 (63%) (Table 1).

A total 135 (67.5%) women were acceptors of contraceptive methods for family planning. Among them 88.8% mothers had accepted it to avoid pregnancy, while 11.2% wanted to improve their health.

A total 57.7% women had adopted temporary methods of family planning, while permanent method of family planning was adopted by 42.3%.

Table 1: Socio-demographic profile.

Sample characteristics	Frequency	%
Age in years		
20-24	102	51.0
25-29	70	35.0
30-34	24	12.0
35-39	4	2.0
Religion		
Hindu	144	72.0
Muslim	52	26.0
Christian	4	2.0
Education		
Illiterate	12	6.0
Up to 7 th standard	32	16.0
Up to 10 th standard	74	37.0
PUC	65	32.5
Graduation/postgraduation	17	8.5
Occupation		
Homemaker	144	72.0
Laborer	42	21.0
Service	14	7.0
Husbands education		
Illiterate	12	6.0
Up to 7 th standard	40	20.0
Up to 10 th standard	60	30.0
PUC	37	18.5
Graduation/postgraduation	51	25.5
Family income (monthly)		
<10,000	62	31.0
10,000-20,000	126	63.0
20,000-30,000	12	6.0

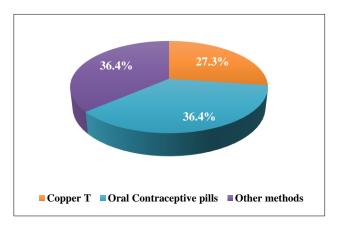
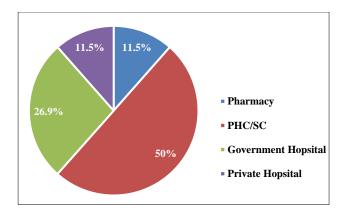


Figure 1: Types of temporary methods of family planning used.

Among the women using temporary methods, 27.3% used copper-T, 36.4% used oral contraceptive pills and another 36.4% had adopted other temporary methods of contraception (Figure 1).



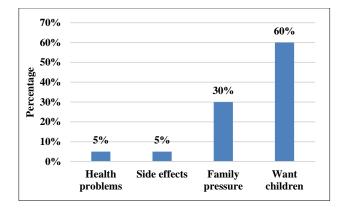


Figure 2: Place of accessing family planning methods.

Figure 3: Reason for non-acceptance of family planning methods.

Table 2: Demographic profile in relation to contraceptive usage.

Variables	Contraceptive usage				
	Yes (n=135)	No (n=65)	Total (% of column)	Chi-test value (p value)	
	N (%)	N (%)			
Age in years					
20-24	72 (70.6)	30 (29.4)	102 (51)	8.673 (0.033)	
25-29	47 (67.1)	23 (32.9)	70 (35)		
30-34	16 (66.7)	8 (33.3)	24 (12)		
35-39	0 (0)	4 (100)	4(2)		
Religion					
Hindu	91 (63.2)	53 (36.8)	144 (72)	16.468 (0.000)	
Muslim	44 (84.6)	8 (15.4)	52 (26)		
Christian	0 (0)	4 (100)	4(2)		
Education					
Illiterate	12 (100)	0 (0)	12 (6)		
Up to 7 th standard	28 (87.5)	4 (12.5)	32 (16)		
Up to 10 th standard	50 (67.6)	24 (32.4)	74 (37)	22.126 (0.000)	
PUC	32 (49.2)	33 (50.8)	65 (32.5)		
Graduation/postgraduation	13 (67.5)	4 (32.5)	17 (8.5)		
Occupation		, ,	,		
Homemaker	93 (64.6)	51(35.4)	144 (72)	2.971 (0.226)	
Laborer	33 (78.6)	9 (21.4)	42 (21)		
Service	9 (64.3)	5 (35.7)	14 (7)		
Husbands education					
Illiterate	12 (100)	0 (0)	12 (6)	16.220 (0.003)	
Up to 7 th standard	32 (80)	8 (20)	40 (20)		
Up to 10 th standard	36 (60)	24 (40)	60 (30)		
PUC	28 (75.7)	9 (24.3)	37 (18.5)		
Graduation/postgraduation	27 (52.9)	24 (47.1)	51 (25.5)		
Family income (monthly)					
<10,000	41 (66.1)	21 (33.9)	62 (31)	0.090 (0.956)	
10,000-20,000	86 (68.3)	40 (31.7)	126 (63)		
20,000-30,000	8 (66.7)	4 (33.3)	12 (6)		
Number of children					
1	33 (51.6)	31 (48.4)	64 (32)	13.319 (0.001)	
2	98 (76.6)	30 (23.4)	128 (64)		
3 or more	4 (50)	4 (50)	8 (4)		

Among users of temporary methods of contraception, majority (50%) of them obtained it from primary health centre (PHC)/sub-centers (SC). 26.9% women obtained it from a government hospital (Figure 2). A total 32.5% women had not adopted any family planning methods. Among non-acceptors, 60% women said that they were planning for another child while 30% cited pressure from family as the reason for non-acceptance (Figure 3).

Among the various factors studied, age (χ^2 =8.673, p=0.033), religion (χ^2 =16.468, p=0.000), education of the woman (χ^2 =22.126, p=0.000), husband's education (χ^2 =16.22, p=0.003) and number of children (χ^2 =13.319, p=0.001) were found to have significant association with contraceptive usage among women (Table 2).

DISCUSSION

In the present study, out of 200 women 65 (32.5%) were not using any contraceptive method, which was similar to studies conducted by Sherpa et al and Saluja et al.^{2,7} Reason given by majority of non-acceptors (60%) for not adopting any contraceptive methods was desire for more children which was similar to previous studies.^{6,7}

Among acceptors of family planning 42.3% had adopted tubectomy, which was much higher compared to study by Jahan et al where only 4.55% women had undergone tubectomy.⁸ In the present study, among the temporary methods oral contraceptive pill was most commonly used compared to other methods (36%). However, Dwivedi et al in their study found that intrauterine contraceptive device (IUCD) was the most common temporary contraceptive used.⁹

In this study age of the woman, religion, education, husband's education and number of children were found to be significantly associated with contraceptive usage. This was similar to findings of a study by Mohanan et al were age of the woman, number of living children, religion, family income and type of family were found to be significantly associated with acceptance of contraceptives. Dwivedi et al in their study also observed significant association between contraceptive usage and woman's age, education, husband's education and religion. 9,10

CONCLUSION

Majority of the women were between 20 to 24 years. 67.5% women were acceptors of family planning methods. Temporary methods of family planning were more common (57.7%) compared to tubectomy (42.3%). Among nonusers the main reason for not using contraception methods was desire for more children. There a need for sensitizing the women regarding small family norms and the benefits of it. Extended efforts are

required to make the women understand the importance of contraception and its effective use.

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Institutional Ethics Committee

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