

BARRIERS OF CONTRACEPTIVE USE AMONG MARRIED WOMEN IN SUB-URBAN GOANitin Y. Dhupdale¹, Nikhita Quadros², Uma Sadekar³¹Lecturer, Department of Preventive and Social Medicine, Goa Medical College, Bambolim, Goa.²Post Graduate Student, Department of Preventive and Social Medicine, Goa Medical College, Bambolim, Goa.³Post Graduate Student, Department of Preventive and Social Medicine, Goa Medical College, Bambolim, Goa.**ABSTRACT**

India is the second most populous country in the world with over 12108 million people, more than a sixth of the world's population containing 17.5% of the world's population. In spite of cafeteria choice of a various contraceptives and all types of media campaigns, population control remains a distant dream to achieve. Early pregnancies, too many and too frequent pregnancies are the most important risk factors for maternal and child mortality. Therefore, knowledge about contraception and its use is of utmost importance for birth control, proper spacing and thereby reducing the maternal mortality.

OBJECTIVES

The objectives of this study are to assess the awareness and practices of contraception among married women and identify barriers for use of contraception.

MATERIALS AND METHODS

A cross-sectional study design was used to interview one hundred married women in the reproductive age (15-45 years). The study was conducted in Santa Cruz, which is a field practice area of Goa Medical College, Bambolim. A predesigned questionnaire comprised of various questions on awareness, practices and barriers of contraception use was utilized for data collection. Data was compiled and analysed with SPSS 15 software.

RESULTS

The overall contraception use was 52%, while 48% never used contraceptives in the past. The 95% of the subjects were aware of condoms, 59% about oral pills, 53% about both cut and sterilization and 22% about the injectable contraceptives. Around 43.7% of the subjects gathered information from the health professional regarding contraception. Around 32% of the subjects were using barrier methods to prevent conception. Preference of male child, religious beliefs, family objections, ignorance and uncooperative husband are some of the reasons for not practicing contraceptive methods.

CONCLUSIONS

The study highlights the underutilization of contraceptive methods available to the modern women. In spite of contraceptives being freely available in the market, there remains a small section of women who are still ignorant about their availability. The male predominance in decision making is clearly demonstrated, which is the major determinant of use of contraceptive methods.

KEYWORDS

Contraception, Barriers, Married Women, Knowledge, Practice.

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INTRODUCTION

India is the second most populous country in the world, with over 12108 million people.¹ more than a sixth of the world's population, already containing 17.5% of the world's population. In spite of cafeteria choice of a various contraceptives and all types of media campaigns, population control remains a distant dream to achieve. Early pregnancies, too many and too frequent pregnancies are the most important risk factors for maternal and child mortality. Therefore, knowledge about contraception and its acceptance is of utmost importance for birth control, proper spacing and thereby reducing the maternal mortality.

The current study was conducted with objectives to assess the awareness, practices and to identify barriers for use

of contraception. The knowledge of these barriers will help the programme managers to focus their efforts in tackling these barriers to improve the acceptance of the contraceptives.

MATERIAL AND METHODS

A cross-sectional study design was employed to study 100 married women in the reproductive age group. This study was conducted at the Urban Health and Training Centre at Santa Cruz, which is a field practice area of Goa Medical College at Bambolim by using convenient sampling. It was decided to study first one hundred women attending the under-five clinic and immunization session held at Santa Cruz in the study. All the eligible mothers were selected randomly and interviewed based on their willingness to give consent. A predesigned questionnaire comprising of various questions on awareness, practices and barriers of contraception use was utilized for data collection.

The questionnaire was not validated in the Indian context. The study was conducted over a period of one month from November to December 2015 (4 sessions of Immunization Clinic). The data is compiled and analysed using SPSS version 15. All the participants were informed about the nature and purpose of the study and assured of confidentiality. The study protocol received clearance from the Institutional Ethics Committee.

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RESULTS

The mean age of study subjects was 29.36±5.83 years with minimum age 19 years and maximum 44 years. The mean years of marriage were 7.37±4.53 years with minimum of 5 months and maximum of 23 years. Mean number of children per women was 1.75±0.91 with maximum of five children. Of the total, seven subjects had no children. Among 93 subjects with children, 10 (10.75%) subjects had delivered first child at the age between 15-19 years. Out of the total 100 married women studied, only 52% had used contraceptives in the past due to reasons such as family complete, birth spacing and birth control. About 48% of them never used contraceptives in the past. Contraception was not correlated to women’s education (p=0.885) and Economic status (p=0.967) [Table 5, Table 6].

About 95% women knew that the contraceptives are used for prevention of pregnancy, 39% knew that it is used to control the birth interval and 33% knew that it is also used to prevent spread of HIV and STD.

Maximum number of study participants belonged to the nuclear families and were from Hindu community. Most of them (63%) were local residents of Goa. More than half of them were aware of more than three years gap between two children and 27% had spaced the birth of subsequent child by more than three years (Table 1).

The non-users of contraception cited various reasons such as preference to male child, religious beliefs, family demands, ignorance, embarrassment, etc. (Table 2). Most (43.7%) of the study participants obtained the information on contraception from the health professionals such as doctors, health workers, etc. The media has played a significant role as a source of information on the contraceptives (Table 3.)

| Variable | Number of Subjects (N=100) |
|---|--|
| 1) Type of family | Joint = 38 Nuclear = 62 |
| 2) Religion | Hindu = 64 Christian = 25 Muslim = 11 |
| 3) Native of Goa | Local Resident = 63 Non Resident = 37 |
| 4) Monthly income per capita | Upper class = 33 Upper middle = 24 Lower middle = 23 Upper lower = 20 |
| 5) Education | Illiterate = 15 Completed primary = 21 Completed secondary = 21 Completed higher secondary = 13 Graduation = 29 Post-graduation = 1 |
| 5) Space between two children | <3 years= 35 ≥3 years= 27 <2 years= 38 |
| 5) Heard of contraception | Yes = 95 No = 5 |
| 6) Knowledge of emergency contraception | Yes = 42 No = 58 |

| | |
|--|--|
| 7) Knowledge of exclusive breastfeeding | No idea = 6 <6 months = 13 6 months = 64 >6 months = 17 |
| 8) Knowledge of space between two children | No idea = 11 <3 years = 35 >3 years = 54 |
| Total | 100 |

Table 1: Socio-Demographic Characteristics

*Multiple Responses are allowed, hence total exceeds 100%.

| Source | No. of Subjects | Percentage * |
|---------------------|-----------------|--------------|
| Health professional | 58 | 43.7 |
| Media | 53 | 39.8 |
| Relatives | 16 | 12 |
| Parents | 6 | 4.5 |
| Total | 100 | 100 |

Table 2: Sources of Information on Contraceptives

*Multiple Responses are allowed, total exceeds 100%.

| Method Used | No. of Subjects | Percentage |
|---------------|-----------------|------------|
| Barrier | 32 | 61.5 |
| OCP | 11 | 21.2 |
| IUCD | 2 | 3.8 |
| Sterilization | 12 | 23.1 |
| Injectables | 1 | 1.9 |
| Total | 52 | 100 |

Table 3: Different Contraceptive Methods used by Women Currently on Contraception

*Multiple responses are allowed, total exceeds 100%.

| Education of Mother | Contraception Use | | Total |
|----------------------------|-------------------|-----------|------------|
| | Yes | No | |
| Illiterate | 8 | 7 | 15 |
| Completed primary | 10 | 11 | 21 |
| Completed secondary | 10 | 11 | 21 |
| Completed higher secondary | 8 | 5 | 13 |
| Graduation diploma | 15 | 14 | 29 |
| PG | 1 | 0 | 1 |
| Total | 52 | 48 | 100 |

Table 4: Education of Mother According to Acceptance of Contraception

X²: 1.731; df=5; p=0.885

| Economic Class* | Income | Use | | Total |
|-----------------|---------|-----------|-----------|------------|
| | | Yes | No | |
| | Class 1 | 17 | 16 | 33 |
| | Class 2 | 12 | 12 | 24 |
| | Class 3 | 13 | 10 | 23 |
| | Class 4 | 10 | 10 | 20 |
| Total | | 52 | 48 | 100 |

Table 5: Economic Status According

*BG Prasad Classification x²:0.262; df=3; p=0.967

DISCUSSION

The awareness of at least one method of contraception is 95%, while Srivastav et al reported 71.22%.³ The contraception use

in the study population is much higher (52%) as compared to the findings of NFHS-4 (33.2%).⁴ and study conducted by Harikumar et al (48.12%).⁵ Similar findings (51.71%) were reported by Srivastav et al³, while Makade KG et al reported 68.42%.⁶ Manna N et al reported 45.1%.⁷ Mahawar P et al reported 40%.⁸ and Sulthana et al reported 58.8%.⁹ The NFHS-3 findings (48.2%) are much close to the current study findings.⁴ Although there are ample of contraceptive methods available in the market, however 48% of the study subjects were not using contraceptives. A National Programme to control the population is functioning towards promoting the contraceptive use among the people since 1952. In the present study, 10.75% of women in the age group of 15–19 had already become mother as compared to 3.6% in NFHS-4.⁴ The knowledge of emergency contraceptive was 42%, which is higher as compared to the 6.83% reported by Srivastav et al.³

The more than half (54%) of the study population were aware of the minimum gap of the three years between the children; however, only 27% were able to space their children three years apart. In a study by Mahawar P et al, 96% women thought that there should be minimum of three years between two children.⁸

In this study, 95% subjects were aware of condoms followed by Oral pills (OCP), Copper-T (CuT), female sterilization and injectables which are known to be 59%, 53%, 53% and 22% respectively. Makade KG et al reported awareness of OCP in 87.71%, female sterilization (80.4%), condom (77.5%).⁶ Sulthana et al reported awareness of tubectomy in 95.9%, CuT in 80.5%, OCP in 75.75%, condom in 62.5% and injectables in 16.5%.⁹ Mahawar P et al reported awareness of OCP in 98% and CuT in 88%.⁸ Brambhatt MM et al reported knowledge regarding condom in 76% followed by OCP in 63%, CuT in 53% and permanent method in 51%.¹⁰ While Harikumar P et al reported female sterilization acceptance as 14.79%.⁵

Around 42% of subjects in this study were aware of emergency contraceptives (Table No. 1, Item 6) Makade KG et al reported only 12.67% awareness of emergency pills.⁶, whereas Sulthana et al reported 18.7%.⁹ and Mahawar P et al reported 46%.⁸

Use of condom was seen in 61.5%, OCP in 21.2%, sterilization in 23.1%, IUCD use in 2%, whereas injectable contraceptive was used by one subject (1.9%). No males had undergone vasectomy. Makade KG et al reported use of OCP in 28.07%, condom in 18.42% and sterilization in 11.98%.⁶ Manna N et al reported sterilization in 41.195, OCP use in 20.58% and condom in 17.65%.⁷

The study participants mentioned various reasons for not using the contraceptive. Male child preference is a reason for not practicing birth control methods among 10.4% as compared to 14.29% reported in the study by Manna N et al⁷ 23.1% by Karmali DB et al.¹¹ There are some women abiding by the religious beliefs, which forbid use of contraceptives. It is also evident that the family members have an important role in the decision-making as regards to the use of birth control. The family pressure was mentioned by 10.4% as compared to 59% mentioned in the study by Srivastav et al.³ Some of the women were hesitant and embarrassed to make use of contraceptives. In 8.3%, the husband refused use of any contraceptives as compared to 12.5% mentioned in the study by Manna N et al.⁷ This reveals the male predominance in the decision making regarding the control of female fertility.

Health professional are the single most important source of information on the contraceptives. These professionals are doctors and the health workers. This finding again highlights the importance of doctors and health workers discussing the use of contraceptives among the non-users.

The media has also played significant role in educating the women (39.8%) regarding the availability of the contraceptives, whereas Srivastav et al reported 55.5% women derived information from media.³ and Mahawar P et al reported 88%.⁸

CONCLUSION

Although, there is high level of awareness, contraceptive use is low due to various social factors. Efforts should be made to reach out to every woman (15-45 years) and proper counseling and health education be given through basic health workers, health professionals and mass media campaign. Intensive efforts are required to increase level of awareness about contraception among women.

Recommendations

The health professionals should spend more time to discuss the conception with the women. The health workers need to work towards the elimination of myths surrounding the non-acceptance of contraceptives.

Strength

This study is one of its first kinds undertaken in the community. It highlights the prevalence of contraception use among the currently married women.

LIMITATIONS

The sample size is low and convenience-sampling technique is used. If a large sample size with probability sampling technique would be more helpful. Since the study sample is small and conducted among the sub-urban population, the findings are generalizable to the sub-urban married women of Goa. The convenient sampling on mothers attending under 5 clinics tends to skip of mothers who are not using this facility and may be more prone for unawareness on contraception, which affects the external validity of the study. The results hence cannot be generalized.

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