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## Research Article

# Study of Contraceptive Practices and Reasons For Not Accepting Contraceptives

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## **Abstract**

**Background:** *Family planning is helpful in population control, poverty reduction, human development and better position of girls. The extent of acceptance of contraceptive methods still varies within societies. The factors responsible for such varied picture operate at the individual, family and community level with their root in the socioeconomic and cultural milieu of Indian society.*

**Methodology:** *This cross sectional study conducted on 350 patients on indoor and outdoor patients of Kamla Raja Hospital. Total 350 patients were taken. Study included all married couple in reproductive age group of 15-45 contributed the study group. Participants are explained about the objectives of study and informal verbal consent was taken. Data was recorded using predesigned and pretested questionnaire.*

**Results:** *Out of 350, 311 i.e. 60.26% were acceptors and 139 i.e. 39.71% were non acceptors. The commonest reason for not accepting contraceptives was desire for children by 26 (18.96%) women, fear of side effects was second important reason for nonacceptance of contraceptives by 23 (16.34%) women, followed by recently married 20 (14.06%) women. 20 (7.99%) women were not using any contraceptive because they are not in depth knowledge i.e. ignorant about it.*

**Conclusion:** *The level of knowledge of contraceptive among the women in the district cuts across all ages, marital status and occupational backgrounds. The analysis also clearly bring out that literate men uses more contraception as compare to illiterate and graduates. Because men are usually excluded from the programme.*

## **Introduction**

Family planning is helpful in population control, poverty reduction, human development and better position of girls.

Family planning is a prerequisite for achieving the united nation "Millennium developmental goals" and for achieving the human rights of reproductive choice<sup>1</sup>(Allen, 2007).

There are a number of small-scale studies indicating that through the long-term commitment to FP and maternal-child health, families have more assets and live in better houses<sup>2</sup>(Eastwood &Lipton, 2001; Paes de Barros et al., 2001; Joshi & Schultz, 2007; Adeoti et al., 2009), but broad comparative research on various aspects of FP emphasizes that wealth accumulation and economic growth of regions is still largely lacking.

India adds about 10 lakh persons to its population every fortnight and adds about one Australia every eight month. By 2045 it is expected that, India would overtake China as the world’s most populous Nation<sup>3</sup>(Kishore, 2005). According to census 2011, Indian population stood at 1,21,01,93,422. On 5th Feb 2016 Indian population is 1,313,354,719.

In India, Family planning programme was started in the year 1952 and was the first country in the world. Since then its name has changed to Family Welfare programme and lastly to the present Reproductive and Child Health (RCH) programme.

Gender equality, empowerment of women, elimination of all kinds of violence against women and ensuring women ability to control their own fertility are the corner-stones of population and development related programmes.

The success of the present RCH-II programme relies on the acceptance of contraceptive methods in reproductive age group<sup>4</sup> (Pushpa et al., 2011). The extent of acceptance of contraceptive methods still varies within societies. The factors responsible for such varied picture operate at the individual, family and community level with their root in the socioeconomic and cultural milieu of Indian society<sup>5</sup> (Kansaletal., 2005).

**Material and Methods**

Type of study : cross sectional study  
Place of study: In and outpatient department of KRH hospital. Total 350 patients were taken.

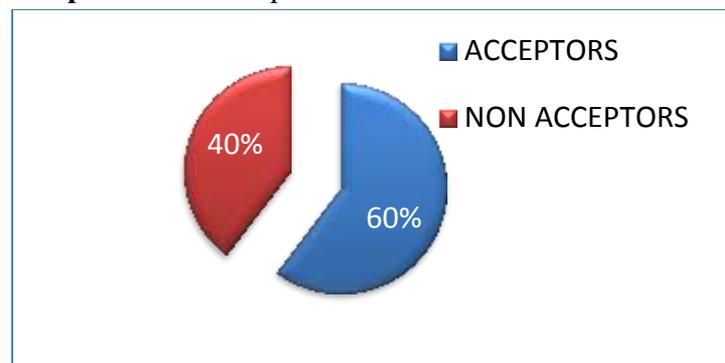
Inclusion criteria:-All married couple in reproductive age group of 15-45 contributed the study group

Exclusion criteria:- Pregnant, widowed, divorced and non cooperative woman.

Participants are explained about the objectives of study and informal verbal consent was taken. Data was recorded using predesigned and pretested questionnaire.

**Observations And Result**

**Graph 1 : Contraceptive**



Out of 350, 311 i.e. 60.26% were acceptors and 139 i.e. 39.71% were non acceptors.

**Table 1 : Contraception Acceptors**

Permanent Methods=87(41.32%)		Temporary Methods=124(58.68%)	
Female Sterilization	85 (40.28%)	Barrier Method	36(16.96%)
Male Sterilization	2 (1.04%)	Oral Pills	33(16.80%)
		Absistence	31(14.60%)
		Cut	15(7%)
		Others	9(2.65%)

**Table 2 : Contraception Non Acceptors**

Desire Of Children	26(18.96%)
Fear Of Side Effects	23(16.34%)
Recently Married	20(14.06%)
Ignorance About Use	20(14.06%)
Want A Male Child	11(7.96%)
Breast Feeding	11(7.96%)
No Knowledge About Source	8(5.70%)
Opposition From Family	4(3.04%)
Infrequent Sex	4(3.02%)
Menopausal	4(3.06%)
Hysterectomy	4(3.04%)
Inconvenience In Use	3(2%)

The commonest reason for not accepting contraceptives was desire for children by 26 (18.96%) women, fear of side effects was second important reason for non acceptance of contraceptives by 23 (16.34%)women, followed

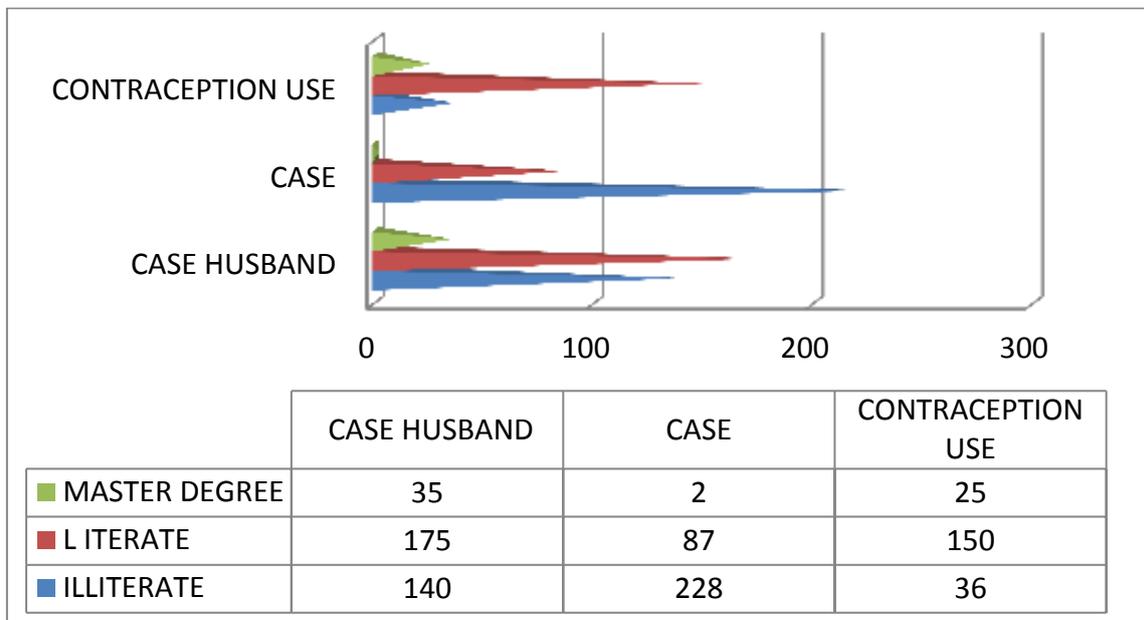
by recently married 20(14.06%) women. 20(7.99%)women were not using any contraceptive because they are not in depth knowledge i.e. ignorant about it.

**Graph 2 : Age wise distribution**



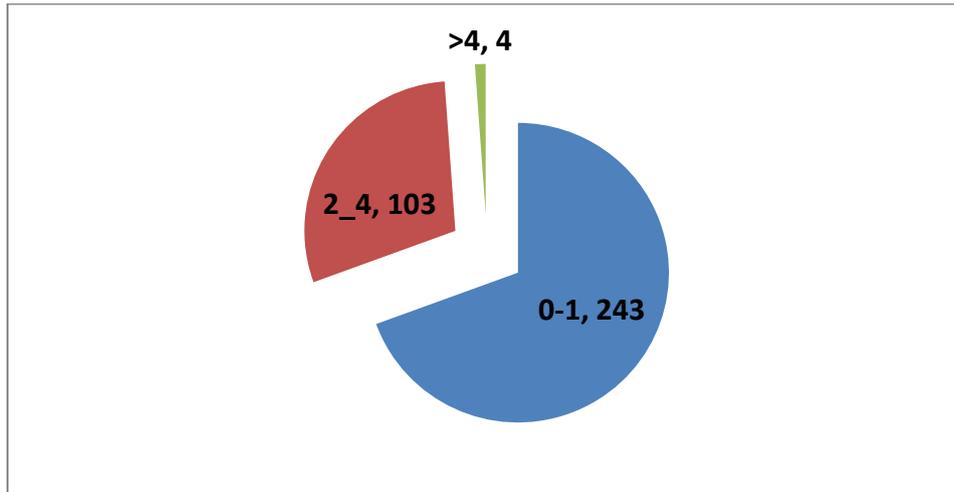
15-25=49.28%, 26-30=64.56%, >30=76.92%

**Graph 3 : Education Wise Distribution**

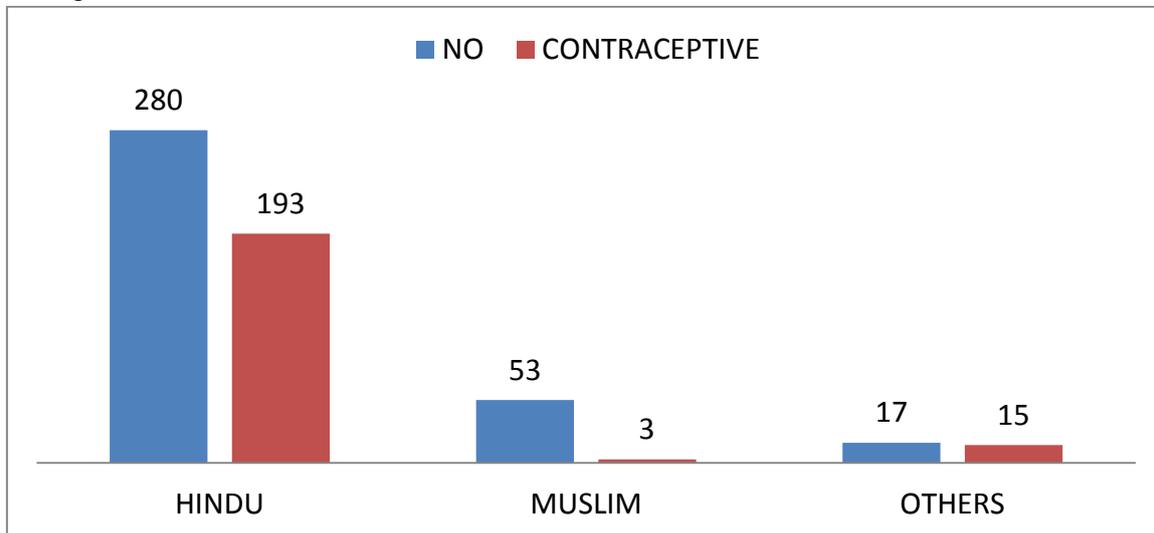


Illiterate People -25.71%, Literate-85.71%, Graduate-71.4%

**Graph 4 :**Distribution According to Number of Living Children

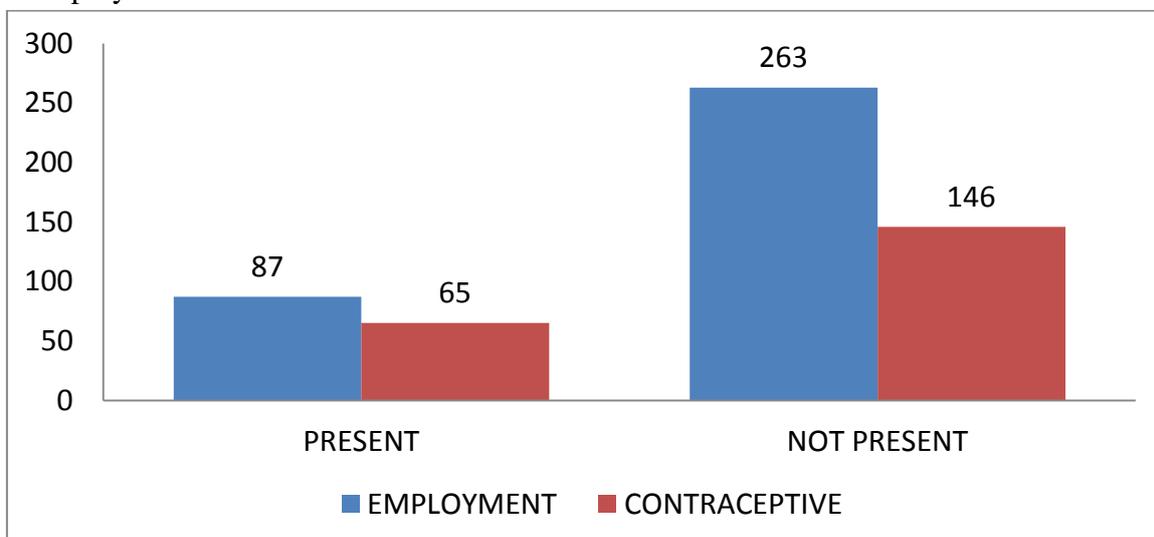


**Graph 5 :**Religion Wise Distribution



Others-88.23%, Hindu-68.92%, Muslim-5.66%

**Graph 6 :** Employment Wise Distribution



If Employment =74.71%, If Employment Absent=51.59%

**Discussion**

A total of 350 women in the age group of 15-45 was studied.60.21% of them were contraceptive acceptors and 39.76% of them were contraceptive nonacceptors.

It shows that contraceptive prevalence rate among married women in the study area was 60.21%, which is higher than that of findings for Madhya Pradesh 56% (NFHS III, 2005-06) and 55% (DLHS-3, 2007-08).The purpose of contraception is to limit the family size rather than to space the births in majority of the families.

In the present study the most commonly accepted method for contraception was the permanent method. Tubectomy (40.28%) which is slightly Lower than findings of DLHS-3 (2007-08) i.e. 41.00%. There is predominance of female sterilization, as men donot come forward for vasectomy. Only 2 (1.04%) couple had undergone vasectomy in the present study.

According to DLHS-3 (2007-08),0.5% male had done vasectomy. This reflects the prevailing gender bias in reproductive health participation by men. Among the temporary method,

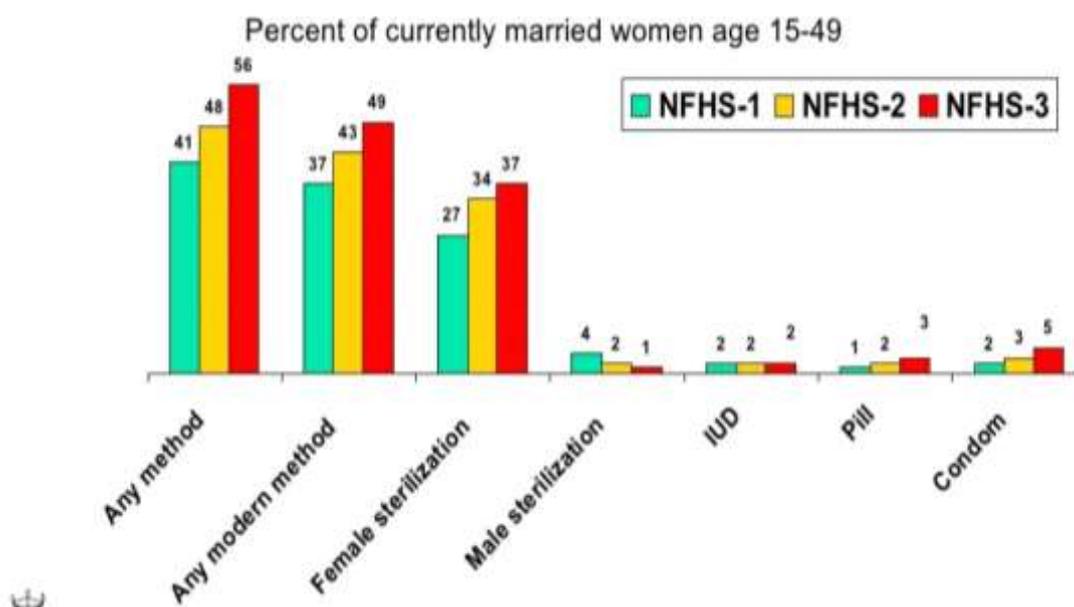
condom(7.7%) was the commonest method accepted followed by rhythm method (2.2%).

Different studies have shown different preferences for methods of contraception used e.g., in a rural community of West Bengal IUD was accepted by 6.4% and condom by 3.5% of couples<sup>6</sup> (Biswaset al.,1994), while in another study in residents of villagein South Delhi 5.5% women had accepted IUD and condom by 9.7% couples<sup>7</sup>(Sharma et al.,1997). In a study in rural population of Dehradun districts condoms were used by 11.68% and IUDs by 1.71% couples<sup>5</sup> (Kansalet al., 2005).

The reasons for non acceptance in majority of women were desire of more children by 25.85% and fear of side effects by 16.34%. A study in rural area of Uttar Pradesh also cited that 40% respondents wanted more children and 20% had fear of side effects<sup>8</sup> (Khan et al., 1985).

In another study in rural community of West Bengal,reasons for non acceptance more children by 35.5% and fear of side effects by 22.6% of women<sup>6</sup> (Biswas et al., 1994).A study in rural area of Kashmir reveals that nonacceptance of contraceptives were desire of more children by 33.2%women<sup>9</sup> (Ahmad etal).

**Graph 7 : Trends in Contraceptive Use by Method**



## Conclusion

### Knowledge on contraceptives and its relationship with background of respondents

- The level of knowledge of contraceptive among the women in the district cuts across all ages, marital status and occupational backgrounds. Ninety-six percent (96%) of the respondents had heard about FP services . But the knowledge does not commensurate with the use of contraceptives.
- Agewise analysis tells us that maximum contraceptive users are after 30.
- The analysis also clearly bring out that literate men uses more contraception as compare to illiterate and graduates. Because men are usually excluded from the programme. So,more balanced approach i.e.husband also have equal participation.
- The analysis also bring out that others religion uses more FP programme as compare to Hindu and muslims.so we should provide more factual information to avoid fears and misconception..
- The analysis also brings out that people who are employed are more using family planning programme
- Many women had never tried contraception because they had fear of side effects. Counselling about side effects and mass media communication can improve acceptance rate.
- Men should also share the burden of family planning by accepting permanent or temporary family planning method.
- Health education, sex education and knowledge of family planning should be an integral part of school / college education.

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