

A QUESTIONNAIRE BASED STUDY IN A TERTIARY CARE CENTER ON AWARENESS AND ACCEPTANCE OF AVAILABLE CONTRACEPTIVE METHODS IN GOVERNMENT SETUP

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ABSTRACT

Introduction: Family planning programmes have been a cornerstone of the health policies of our country since the time of independence. The vision of the programme has changed from birth limiting to birth spacing as the country progressed through the modern era. Newer devices were introduced and different approaches were adopted over time, all in a bid to provide our people with the information and the choice to plan their families and lives. This paper attempts to understand the needs and the contraceptive practices among the rural and urban women of India using Gwalior district as its study population. We attempt to explain why even after decades of usage some methods of contraception are not very popular among women. We also attempt to understand the barriers being faced by women in using contraception and practicing family planning.

Materials and Methods: A cross-sectional questionnaire-based study carried out in the Department of Obstetrics and Gynecology at in gwalior district from Jan 2021 to Feb 2021. A total of 1102 women were enrolled in the study.

Results: Among 1102 women in the study group, more than 80% were in the age group of 15 to 30 years. 51.7% women in urban areas, 48.3% women in rural areas. Acceptance was highest in women with 2 to 3 children. Maximum number of women were aware of female sterilization (90.1%), condoms (88%), intra uterine device (77.6%), OC pills (75.2%), POP's (56%). Knowledge regarding emergency contraception was very low (2.9%). In our study at present 48% of postpartum women were using IUCD and 12% opted for female sterilization.

Conclusion: We have come a long way from 1952 when the programme of family planning was first initiated, but there is still a long way to go. We have expanded the services and methods of contraception being offered under the programme of RMNCH+A and Mission Parivar Vikas but participation of the community is not up to the level of our expectations with the programme. The vision of the programme has also changed from family limiting to birth spacing providing more choice and freedom to the female client. However still the majority of the methods focus on the

women of the family and yet they are not independent enough to make the decision. In our study we found Inj Antara was more acceptable than IUDs and pills due to their reversible and discrete nature. However, newer methods of contraception the Information and education campaign should be strengthened further. ASHA's should be trained and monetarily incentivized. All opportunities of contact with the client as well as the family should be utilized. The messaging should be started from the antenatal period itself to sensitize the clients and the family about spacing. Increasing male participation and Non scalpel vasectomy should be promoted further.

As female sterilization is already popular among women, more Emphasis on minilap tubectomy services can be applied because of its logistical simplicity and requirement of only MBBS doctors and not post graduate gynecologists/ surgeons.

In the end a strong political will combined with active community participation is the key to a successful family planning programme.

Keywords: Contraception, long acting reversible contraceptives (LARC), IUCD, oral contraceptive pills (OC Pills), Progesterone only pills (POP), Inj Antara.

INTRODUCTION

In the developing world limited access to family planning results in high rate of unintended pregnancies, millions of unsafe abortions & thousands of maternal deaths. Limited access to family planning is also a leading cause of infant death in developing countries. Contraceptive practice in India is known to be very heavily skewed towards terminal methods encouraging birth limitation than birth planning. The objective of the study was to study contraceptive practice among married women of reproductive age in gwalior district.

So in this study we aimed to understand the contraceptive needs of our clients, assess the awareness regarding family planning and various methods to which they might be compliant and determine various factors that influenced their choice.

METHODOLOGY

The study was a cross sectional prospective study among married pregnant women in gwalior district from Jan 2021 to Feb 2021. The study was carried out in the Department of Obstetrics and Gynecology after obtaining clearance from the Ethical Committee of the Institute. A total sample size of 1102 Women who are married in the age group of 15-45 years and are sexually active were included in the study. Unmarried and not willing to participate in study were excluded. The data were collected using structured questionnaires and in-depth interview guides in the local language which were conducted during OPD visits. The women were interviewed regarding their previous issues, mode of delivery, socioeconomic status, education, awareness regarding the available methods of contraception, their need for family planning, awareness and compliance for contraception by their partners, societal and family barriers faced by patients for use of contraception and relation. Each interview lasted for the maximum time of 30 to 45 minutes which was timed using a timer. The collected data were then analyzed with proper statistical methods.

RESULTS

- We interviewed a sample size of 1102 pregnant antenatal women using an oral questionnaire, where we found

Table 1 Age wise distribution of study subjects

<19 years	29	2.6%
20-29	985	89.3%
30-39	159	14.4%
>40	11	0.9%

Around 65.4% of married women reported to avail any modern method of family planning sterilization acceptance being 51.9% among females, and 0.7% among males Barrier contraception(male condom) was the method of choice among majority of primigravida women (80.5%) , While multigravida women favored tubal ligation, which is a terminal method of contraception.(62.7%), It was also found with history of previous male child or birth of one male issue women usually want terminal methods of contraception. (70.5%) Majority of women had primary school education

Table 2: education wise distribution of study subjects

Illiterate	165	14.9%
Primary level education	792	71.8%
Secondary level education	98	8.8%
Graduate and above	7	0.6%

- The study subjects that attended our opd 876 (79.5%) belonged to rural areas and 226(20.5%) came from urban areas.

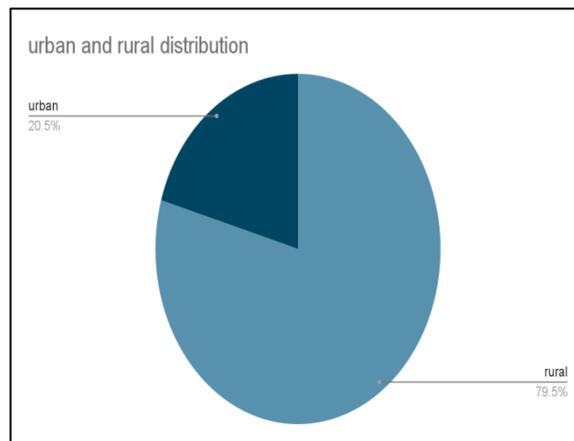


Fig 1: pie chart depicting urban and rural distribution of study subjects

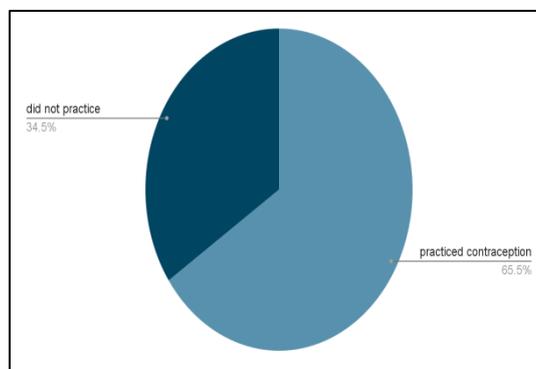


Fig 2: pie chart depicting study subjects practicing contraception

- 65.5% women opted for any method of contraception
- Following was the pattern of use of contraception who attended the opd at kamla raja hospital

Table 3: percentage of study subjects using different methods of contraception

Injection Antara	35	3.2%
IUD(Copper T, Multiload)	11	1.0%
Pills(Mala D, Chaya)	16	1.36%
Male condoms	168	15.2%
Plans vasectomy	4	0.36%
Traditional methods(Rhythm method, withdrawal method)	131	11.9%
Plans female sterilization	353	32%

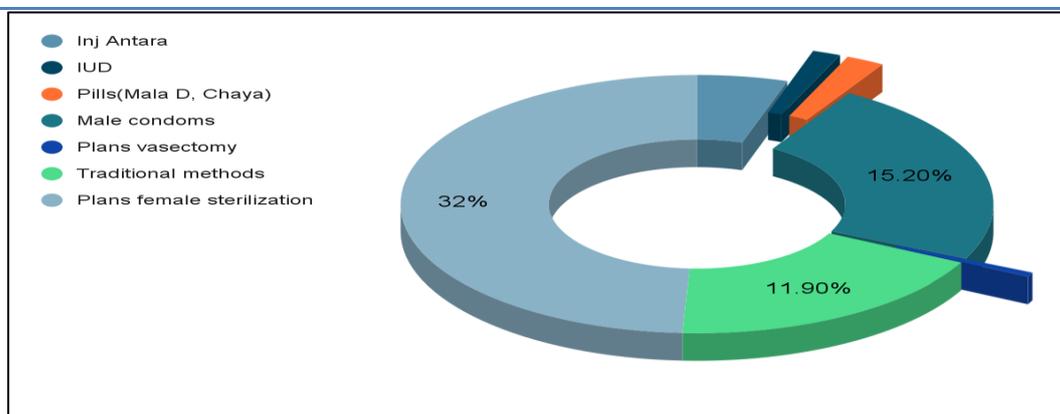


Fig 3: Pie chart depicting different methods of contraception being used by study subjects

Of the 382 women who did not practice any method of contraception 309 had not considered family planning till now. While the rest 73 wanted to use contraception but still did not use it for various reasons. Of the 73 women who reported to want contraception but did not use it, 54 wanted a spacing method of contraception while 19 wanted sterilization. The most common cause for it came out to be family and husband not agreeing for it followed by not having a male issue as second most common cause. Majority of women responded they knew about at least 1 method of temporary contraception (89.4%). However only 1.5% at least knew about all methods of contraception.

The main sources of information were ASHA, print or tv ad campaigns and their male partners

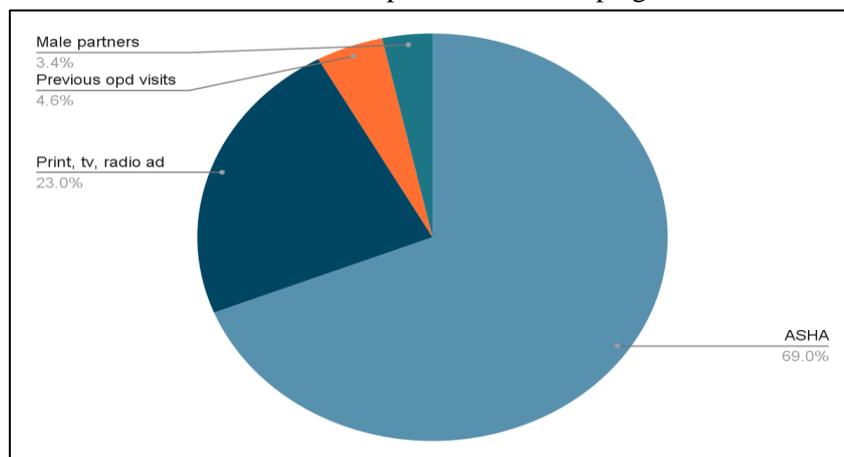


Fig 4: pie chart depicting different sources of information for the study subjects

- For majority of women for whom asha was the source of information did not know about Inj Antara or Tablet Chaya
- Majority of women responded that their choice of contraception depends on having a male issue. (77.9%)

DISCUSSION

Our country has had an evolving journey with fertility and contraception especially in the state of Madhya Pradesh where in 2016 NFHS 4 the TFR was 2.3 and now as per NFHS 5 TFR is 2. There has been progress in the field of family planning and acceptance of various methods of contraception, however there is still a long way to go.

The sample size in our study was of 1102 subjects over a period of 2 months where the maximum number of subjects belonged to 20 to 29 years of age group. However this group majorly preferred using male condoms and the use was also not consistent. The second biggest age group using contraception was 30-39 years which preferred Inj Antara available in opd of Kamla Raja Hospital, whereas women above the age of 40 years preferred permanent sterilization.

³In our study 85.1 % of participants were literate (Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence) which is an improvement over the total average of MP state as per NFHS 5 survey, where the total literacy rate was 65.4% and of the country was 70.3%. However, the majority of these women had only completed their primary school education. The state of MP had a total rate of 29.3% of women who had completed their secondary school education (as per NFHS 5), whereas in our study only 8.8% of study subjects reported completing their secondary level education. In our study the majority of subjects were from rural areas (79.5%) which could partly explain the low percentage of women with secondary school education.

In our study 65.4% of study subjects responded having used any method of family planning and only 53.5% of study subjects responded having used any modern method of family planning.

These percentages are similar to the national values as per NFHS5 where 66.7% responded on using any method of contraception and 56.5% responded on using any modern method of contraception. However, in comparison with the state of Madhya Pradesh the number of women using contraception is slightly lower where 71.7% of women responded on using any method of contraception and 65.5% responded affirmative in using any modern method of contraception.

Now to discuss the popularity of individual methods of contraception. All these contraceptive methods are available at the Kamla Raja Hospital.

MALA D & CHAYA are the new age oral contraceptives which offer women the freedom to space out pregnancies and also provide non contraceptive benefits. However only 1.36% of women use it consistently for contraception. Whereas in another study by Salgar AH et al.2 23.89% of women used oral contraceptives. According to NFHS 5 data for the state of Madhya Pradesh 1.9% women responded to using Pills consistently for the purpose of contraception. This is an improvement from the last NFHS 4 data from 1.4%. But the state and the district still lags when compared with the national average of 5.1% as per NFHS 5.

Inj Depot medroxyprogesterone or commonly known as Inj Antara is another new method introduced by Govt of India for the purpose of spacing. Among our study subjects 3.2% have either tried it in the past or are currently using it for the purpose of contraception. However, Only 0.4% women use Inj Antara in the state of Madhya Pradesh and 0.6% women in India as per the NFHS 5. Inj Antara is a spacing contraceptive and is an alternative to IUDs but requires repeated doses. However it is still popular among our study subjects compared to IUDs as it is more discreet.

Intrauterine devices like Copper T 380 A & Multiload 375 are available in the Kamla Raja Hospital. Only 1% of women among our study subjects preferred IUDs while only 1.1% in the state of Madhya Pradesh and 2.1% in the country preferred IUDs as a method of choice for contraception. IUDs were first offered under India's family planning programme in 1965 followed by the introduction of the Copper T 380A in 2002. Yet it is still to make a mark among the Indian women. This could be partly explained by the interference of the husband and the family in making her contraceptive choice or decision.

Condoms: Male condoms are easily available in the opd of Kamla Raja Hospital under the brand name of Nirodh. 15.2% of our study subjects consistently use it as their method of choice for contraception, which is much higher when compared with the state of Madhya Pradesh 8.1% and the country 9.5% as per NFHS 5. They are easy to use and reversible.

Female sterilization: 32% of our study subjects responded in preferring female sterilization over spacing methods of contraception. This value is low when compared with the data of the state of Madhya Pradesh 51.9% and the country 37.9%. However it is still the most preferred method of contraception among our study subjects. This preference could be explained by the monetary benefits offered for a terminal method of contraception and is also accepted by the husband and the family. Hence more often it is the only method of contraception available to women by default over traditional methods.

Vasectomy : 0.36% of study subjects responded that their husbands would agree for vasectomy to limit the family size. However, as per NFHS 5, 0.7% of men want vasectomy to limit the family. Vasectomy by NSV technique was first introduced under the family planning programme in India in 1992 but is still not popular among the population. This puts the whole onus of contraception on women.

Traditional methods: like rhythm method and withdrawal method are used by 11.9% of our study subjects consistently for contraception. Although the percentage of women using contraception has increased from 1.8% as per NFHS 4 to 6.2% as per NFHS 5 in the state of Madhya Pradesh while overall in the country this percentage has increased from 5.7%(NFHS 4) to 10.2% (NFHS 5). Even though the total number of women practicing contraception has increased, we have not been able to attract any to practice modern methods of contraception.

A significant percentage of women still do not practice any method of contraception. 309 of the 382 study subjects have not considered family planning and 73 of those study subjects want to use some method of contraception but their partners did not consent. 4 Of those 73 women 54 of them want some method of contraception for spacing while 19 of them want sterilization to limit their family size. Now as per NFHS 5 data for India and Madhya Pradesh 9.4% and 8.4% of couples have unmet need of contraception. 5For the state of Madhya Pradesh it is an improvement from the last NFHS 4 date where unmet need of contraception was 12%. Now when we assess the knowledge and

information study subjects have about contraception 89.4% responded of knowing at least 1 method of temporary contraception. 1.5% of them knew about 4 methods of contraception offered by the kamla raja hospital (Inj Antara, pills, condoms and copper T 380 A). Major sources of information were ASHA(69%), print or TV or radio advertisements(23%) or their male partners(3.4%). 4.6% of women responded their main sources of information were their previous opd visits. Interestingly women who had ASHA as their main source of information did not know about Inj Antara or Tablet Chaya. As per NFHS 5, 28.2% women responded affirmative for a health worker ever to talk to a female non user about family planning. It is an improvement from NFHS 4 where it was 20.4%. 69.9% of current users admitted ever talking about side effects of the current method as per NFHS 5. This is a significant improvement from NFHS 4 where it was only 39.3% ASHA is a trusted member of the community and can influence women from their childhood to motherhood. Currently either they do not understand these newer methods of contraception or are not incentivized enough when compared to methods like IUDs and permanent female sterilization.

Majority (77.9%) of study subjects responded affirmative for the choice of contraception being dependent on having a male issue. This study once again points out the heavy reliance of contraception on women and they not having neither enough information nor the freedom to choose freely. This partly explains why spacing contraceptive methods have not been able to create much impact. On the other hand terminal methods have been monetarily incentivised. With the rising rates of cesarean section spacing contraception is the need of the hour. Due to the compulsive need of having a male issue women end up with repeated pregnancies with short intervals between them, leading to repeated cesarean sections with increased risks of uterine rupture and placenta accreta spectrum incidence. In the Kamla Raja Hospital itself the rates of both cesarean section and incidents of Placenta Accreta spectrum leading to emergency hysterectomies. Choice of contraception is closely related to the freedom women enjoy in the society, their literacy levels and their say in the family decisions. This could be partly remedied by monetarily incentivizing spacing methods more than the limiting methods and training the village ASHA better and educating the children more about various methods of contraception at the school level itself. This generates interest and after marriage they can actively seek more information regarding various methods. Besides these, the information campaign should also involve the husband and the mother in law especially in rural areas where women are still not free to make independent decisions for family planning.

CONCLUSION

India is a country of myriad beliefs and notions. We have come a long way from 1952 when the programme of family planning was first initiated, but there is still a long way to go. We have expanded the services and methods of contraception being offered under the programme of RMNCH+A and Mission Parivar Vikas but participation of the community is not up to the level of our expectations with the programme. Of late the vision of the programme has also changed from family limiting to birth spacing providing more choice and freedom to the female client. However still the majority of the methods focus on the women of the family and yet they are not independent enough to make the decision. In our study Inj Antara was more acceptable than IUDs and pills due to their reversible and discrete nature.

In order to popularize these newer methods of contraception the Information and education campaign should be strengthened further. ASHA's should be trained and monetarily incentivized. All opportunities of contact with the client as well as the family should be utilized. The messaging should be started from the antenatal period itself to sensitize the clients and the family about spacing. Postpartum Family Planning including PPIUCD should be encouraged in order to capitalize

on the opportunity provided by increased institutional deliveries. Appointment of counselors at high institutional delivery facilities is a key activity that should be undertaken.

Gender discrimination against the girl child is still a major issue amongst our society leading to repeated childbirth. This has to be encountered by both government and prominent members of the communities as well.

Increasing male participation and Non scalpel vasectomy should be promoted further.

As female sterilization is already popular among women, more Emphasis on minilap tubectomy services can be applied because of its logistical simplicity and requirement of only MBBS doctors and not post graduate gynecologists/ surgeons.

In the end a strong political will combined with active community participation is the key to a successful family planning programme.

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