

**Cross-sectional study on the modern contraceptive usage among married women of reproductive age in a village of South Tamilnadu**

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**ABSTRACT**

**Introduction:** Proper utilization of contraceptives can bring down the mortality & morbidity among mothers and their children and also bring about social & psychological development of the family as a whole. Contraceptive use in Tamilnadu has unexpectedly come down. Interventions that had worked previously might no longer be working. **Objectives:** To determine the use of modern contraceptives among married women & to study the associated factors. **Methodology:** A cross-sectional study was carried out from February to March 2018 in the village of Marapadi, situated in the southernmost district in Tamilnadu. A hundred randomly selected married women were included and a structured questionnaire was used to collect data. **Results:** The current contraceptive usage was 67%, out of which 54% was temporary & 13% was permanent. Condoms (31) & OCPs (18) were the most commonly used temporary contraceptive. However, none of the women reported male sterilisation. Media was the most common primary source of information (64%). More than half of the women who have not undergone sterilisation expressed willingness to do so in the future. Majority of women (92%) were involved in deciding contraceptive use. Higher occupation was significantly associated with better contraceptive use. No other factor including number of children and sex preference of next child influenced the use of contraceptive. **Conclusion:** The prevalence of contraceptive though higher than most studies was still not satisfactory. Temporary method was the most common type used. Women in our study were comparatively better empowered. The positive attitude towards sterilisation needs to be converted to better utilisation of the same. Health professionals have to be the primary source of information when it comes to contraception.

**Key-words:** Contraceptive, Sterilization, Condom, Eligible couple

**INTRODUCTION**

The world population started growing at an alarming rate from around 1920 when the growth rate was 0.6%, to reach a peak of 2.1% by 1962. However, since that time it has been in decline.<sup>1</sup> The world's population was estimated to be around 7.6 billion by mid-2017 and it is growing at a rate of 1.10% per year.<sup>2</sup> Consequently, it is expected to increase continuously in the coming decades to reach 8.3 billion in 2030 and 8.9 billion in 2050. In the event of fertility reaching the replacement level instantly, the population would stabilize at around 9 billion in the second half of the 21<sup>st</sup> century.<sup>3</sup> Though the growth rate is coming down, the boost in population in the second half of the 20<sup>th</sup> century has led to overpopulation in the majority of the under-developed & developing regions of the world. This, in turn, has led to resource scarcity, unemployment and the inability to fulfil the basic needs of the people including health.

India's population was estimated to be 133.9 crores in 2017 and by 2030 India is expected to become the most populous country in the world by overtaking China. It

is expected to reach 165.9 crores by 2050.<sup>2</sup> If current efforts in population control are sustained, India is expected to move below the replacement level of fertility (2.1 births per woman) between 2025 and 2030.<sup>4</sup> India was one of the first countries to launch a population control programme. According to NFHS-4 the fertility level in India was 2.2 children per women.<sup>5</sup> Thus the programme has borne fruit over the decades, though our country is yet to reach the goal, i.e. replacement levels of fertility. Therefore, we Indians cannot relax in our achievement so far, but need to push forward. In fact, the massive current population in India that needs access to limited resources suggests that the country needs to reach replacement levels as soon as possible and persevere on, to may be achieve a one-child norm.

Proper family planning can be linked to the health of the mother & her children and hence it forms an integral part of any maternal & child health program. Proper utilization of contraceptives can bring down the mortality & morbidity among mothers and their

children, reduce unsafe abortions, reduce adolescent pregnancies and help to prevent sexually transmitted diseases including HIV/AIDS. It also empowers the parents in reducing their family size, thus bring about improved nutrition, social & psychological development of the family as a whole.<sup>6</sup>

Contraceptive methods are the preventive methods to help women avoid unwanted pregnancies. WHO defined family planning, 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 the health and welfare of the family group and thus contribute effectively to the social development of the country. They include all spacing methods (temporary) and terminal methods (permanent) to prevent pregnancy. Nine out of ten contraceptive users are using modern method contraceptives. Modern contraceptive methods include male and female sterilization, injectables, intrauterine devices (IUDs/PPIUDs), contraceptive pills, implants, female and male condoms, diaphragm, foam/jelly, the standard days method, the lactational amenorrhoea method, and emergency contraception.<sup>5</sup>

According to a 2015 report by WHO, 64 percent of married or in-union women of reproductive age worldwide were using any form of contraception, with modern methods contributing 90% of the total use. Female sterilization and the IUD are the two most common methods used worldwide. Looking at the scenario in India, the prevalence of modern contraceptive usage among married women was 52.4%, which accounts for 87.6% of all contraceptive use. Moreover, among the modern methods used, sterilization is the primary method used followed by condoms and Oral contraceptive pills.<sup>7</sup> The family welfare programme in India is now geared towards providing a variety of contraceptive options in what is known as the Cafeteria Approach. The latest of this is the introduction of Antara (Injectable contraceptive) & (weekly oral contraceptive pill) in 10 states including Tamilnadu in September 2017.<sup>8</sup>

NFHS-4 reported an unexpected decline in the contraceptive usage rates in the state of Tamilnadu, which witnessed a decline from 61 % in NFHS-3 to 53%. This decline was reflected in the modern method of usage also, which fell from 60% to 53 percent.<sup>9</sup> Experts feel that this might be due to increased use of emergency fill & abortions, both of which have severe complications/ side effects.<sup>10</sup> This might be a momentary setback in the program which will recover in the coming years. Conversely, if this is the start of a new trend, it means that the factors that were influencing family planning in the past few decades may not relevant any longer or some new factors are in play. Given the role played by social & cultural factors

in acceptance of family planning & keeping in view the changing social & cultural landscape of the state, this might not be farfetched. Hence the study was conducted to study the use of modern contraceptives among married women of a village in Kanyakumari district, South India.

#### AIMS & OBJECTIVES:

- (i) to determine the use of modern contraceptives among married women of a village
- (ii) to study the factors influencing the contraceptive usage among these women

#### MATERIAL & METHODS

A cross-sectional study was carried out from February to March 2018 in the village of Marapadi. This village is situated in the Arumanai Panchayat of Kanyakumari district in south Tamilnadu and has a population of 1083 including 161 eligible couples. Institutional Ethical Committee approval was obtained before the start of the study. Women who are part of the eligible couples in Marapadi village and who were living with their husbands were included in the study. Those not willing to participate & those who were not accessible for data collection were excluded. A current contraceptive use was defined as the use of any one of the modern contraceptive methods in the past one month by the woman or her partner. The sample size was calculated to be 96, using the formula  $Z\alpha^2pq/d^2$  where p was the prevalence of contraceptive use, according to a previous study, i.e. 47.1%.<sup>11</sup> The value of q was 100 – p i.e. 52.9 & d was a relative precision of 20%. This was rounded up to 100 & so a final sample of 100 women was taken for the study. The sampling frame was constructed on the basis of information available in the eligible couple register. Out of the 161 eligible couples registered, 7 couples were either residing outside or had a spouse working outside on a long-term basis. Thus the sampling frame contained 154 women. From this, a total of 100 married women was selected by simple random sampling using a lottery method. The selected women were contacted, the details of the study explained to them & informed written consent obtained. Data was collected using a pre-tested structured questionnaire. To help the women freely express their views, two female interviewers conducted all the interviews and care was taken, that no other person, including family members was present nearby at the time of data collection, to ensure privacy. The questionnaire included questions on sociodemographic characteristics, contraceptive usage, decision making related to contraceptive and factors influencing it. Collected data was entered in iWork Numbers® version 5.0 and analysis of the data was done using

GNU PSPP version 1.0.1. Chi-square test and Fisher’s exact test were used to test the association & a P value of < 0.05 was considered statistically significant.

**RESULTS**

**Table 1: Socio-demographic characters of the study population**

Characteristics	Frequency (n = 100)
<b>Age</b>	
18 years - 25 years	77
26 years - 30 years	18
31 years - 35 years	4
More than 36 years	1
<b>Religion</b>	
Hinduism	50
Christianity	40
Islam	10
<b>Educational status</b>	
Professional	8
Graduate/ UG	31
Higher secondary	27
High school	12
Middle school	11
Literate/ less than middle school	11
<b>Occupation</b>	
Unskilled	15
Skilled	28
Semi professional	31
Professional	8
Unemployed	18
<b>Socioeconomic Classification</b>	
Class I	8
Class II	21
Class III	38
Class IV	26
Class V	7
<b>Number of years of marriage life</b>	
0-5 years	64
6-15 years	32
> 15 years	4
<b>Total number of Living children</b>	
No child	29
1or 2 children	60
3 or more children	11

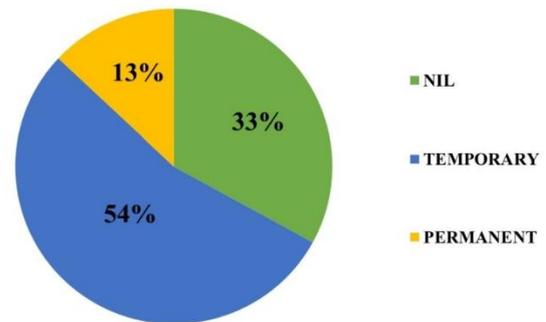
A total of 100 married women from the village of Marapadi participated in the study. Most of the women belonged to the age group of 18 -25 yrs (77%) and as far as religion is concerned, Hindus were the most common (50%) followed by Christians (40%). Socioeconomic classification based on modified B.G

Prasad’s classification revealed that class III was the most common (38%) group. All 100 women who participated in the study were literates, of which 39% had a college education. The majority of participants, i.e. 82% were employed, of which a significant portion (37.8%) were semi-professionals. Two third of the participants (64%) were married within the past 5 years and 29% are yet to have children. (Table 1)

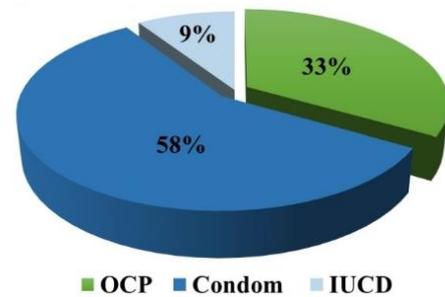
**Table 2: Primary source of information**

Source	Frequency
Health care professionals	8
Friends and family	28
Media	64
<b>Total</b>	<b>100</b>

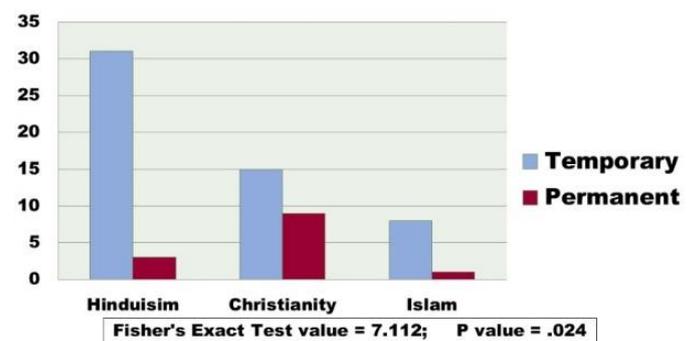
**Figure 1: Pie chart showing the contraceptive use among the women**



**Figure 2: Pie chart showing the type of contraceptive method used**



**Figure 3: Clustered column showing the relationship between religion and type of contraceptive used**



Majority of the participants (78%) did not have a male child & 35% did not have a female child. Moreover,

three-fourths of the study participants, i.e. 74 women wanted more children in the future, out of which, 45 women (60.8%) wanted their next child to be a male while 29 (39.2%) wanted it to be a female. Conversely, 23 women (31.1%) preferred not to have a male child while 15 women (20.3%) did not wish to have a female child in the future.

Only 67 out of 100 women (95% CI: 56.9, 76.1) among the study population were using some form of modern contraceptive at the time of data collection. Temporary contraceptive was the most common type of contraceptive methods currently in use among the study population. (Figure 1)

Moreover, among the 54 women using temporary contraceptive only three types were in current use i.e. Condoms, Intrauterine devices (IUD) & Oral contraceptive pills (OCP), of which condoms (58%) were the most commonly used. (Figure: 2) None of the women had a husband who had undergone vasectomy.

Media was the most common source of information about contraceptives (64%). However, only eight women reported receiving information about contraceptive primarily from Health professionals (Table 2). Only two third of the participants (72%) felt that contraception is necessary for them. A little more than half of the women (55.2%) who have not yet undergo sterilization expressed a willingness to undergo the procedure in the future. Majority of the study participants (92%) discussed the use of contraception with their husbands. However, seven women reported that they are not usually included in the process of deciding contraceptive usage.

The occupation of the women had a significant impact ( $p$ -value = 0.039) on the current use of any contraceptive methods, with unskilled workers using contraception the least (33%). The current use of any contraceptive methods was not associated with age, religion, socioeconomic status or education. Moreover, the number of living children, sex preference of next child & desire to have more children also did not have a significant influence on the current use of contraceptive. Current contraceptive usage was more among women married within the past 5 years, however, the association between duration of marriage & contraceptive use was not statistically significant ( $p$ -value = 0.343).

Among those who were using contraception, religion had a significant influence on the type of contraception used, with a higher proportion of Christians preferring permanent methods (Figure 3). The type of contraception methods used was not associated with age, socioeconomic status, education, occupation,

years of marriage, sex preference or number of living children.

## DISCUSSION

According to the findings in our study, 67 percent of the study population were using some form of modern contraceptive. Compared to the NFHS-4 findings, the prevalence was much higher than the state level of 53% and the district prevalence of 43.8%.<sup>9</sup> A study done in a nearby tertiary care hospital by Nair et al showed that 47.1% were using some form of modern contraceptive.<sup>11</sup> Another study among women in a rural area of Coimbatore by Patel revealed that 52.6% of them were using some form of modern contraceptive.<sup>12</sup> Makade et al reported a similar prevalence of 68.42% among women in a slum in Mumbai.<sup>13</sup> A study done by Agarwal et al in Bihar reported an even lower prevalence of 42 percent.<sup>14</sup> Thus women in our study area were comparatively better in the use of contraceptive.

The temporary contraception was the most common type of contraceptive method currently in use among our study population. Thulaseedharan conducted a study in the neighbouring district of Trivandrum in Kerala and found that the temporary methods was the most commonly used type & 13.3% had undergone sterilization.<sup>15</sup> A similar finding was reported from Chandigarh by Chopra & Dhaliwal where permanent methods were not much favoured by the participants in this study i.e. only 5.9%. However, vasectomy formed one-fourth of the permanent methods, while our study did not report any vasectomy.<sup>16</sup> Makade et al also reported a similar finding of a low prevalence of sterilization (12%) compared to temporary methods (56.4%).<sup>13</sup> Kruthika & Metgud reported a prevalence of 16% in Belgaum in the neighbouring state of Karnataka.<sup>17</sup> Contrary findings were seen by Agarwal et al who reported that permanent contraceptive as the most commonly used (74.6%).<sup>14</sup> Most users among women in slums of Raipur were using permanent methods (92.8%) according to the study by Bandhi et al.<sup>18</sup> The higher use of temporary method seen in our study may be due to the higher proportion of recently married women & also due to the fact that three-fourth of them want more kids. The influence of media, which was the major source of information also needs to be considered, as most advertisements are focused on temporary methods particularly condoms.

The study found that among temporary contraceptives, condom was the most commonly used followed by OCP & IUD. Similar findings were reported by Nair et al & Patel in two different area of Tamilnadu.<sup>11,12</sup> Agarwal et al reported that OCP was the most commonly used temporary method followed by condoms.<sup>14</sup> Makade et al & Bandhi et al also reported a

similar finding in their study done among women in slums of Raipur & Mumbai respectively.<sup>13,18</sup> A study among the urban population in Chandigarh by Chopra & Dhaliwal found that condoms were the most common temporary contraceptive followed by IUD & OCP.<sup>16</sup> However, in an urban slum of Delhi, IUD was the most commonly used temporary method according to a study by Aeri & Passi.<sup>19</sup>

Media was the most common source of Information about contraceptives (64%) with friends & family coming in second (28%). Bandhi et al found that Health professionals as a whole were the most common source of health education followed by media.<sup>18</sup> Chopra & Dhaliwal also reported a similar finding among women in Chandigarh.<sup>16</sup> Nair et al study revealed that health professionals were the most common source of information followed by media.<sup>11</sup> Thus there was a significant lack in the contribution by the health professionals in our study area.

Only two third of the participants (72%) felt that contraception is necessary for them. A little more than half of the women (55.2%) who have not yet undergo sterilization expressed a willingness to undergo the procedure in the future. Thus there was significant willingness towards utilizing permanent methods in the future among our study population. However, this will need to translate into action in the future.

Majority of them (92%) discussed the use of contraception with their husbands. Seven out of hundred women were not usually included in the process of deciding contraceptive usage. A study done by Char et al exploring the influence of family members in the decision to use contraceptives among families in rural Maharashtra showed that 18.3% of wives were excluded from the decision-making altogether.<sup>20</sup> A study by Makade et al among women of a slum in Mumbai revealed that 32.4 percent were not involved in deciding which contraceptive to use.<sup>13</sup> Another study done in West Bengal by Mundle et al showed that 40% of women were not involved in the decision-making process.<sup>21</sup> This shows that women in our study area are better empowered.

The occupation had a significant impact on the use of contraceptives, with unskilled workers using contraception the least. The current use of any contraceptive methods was not associated with age, religion, socioeconomic status and education. Current contraceptive usage was more among women married within the past 5 years; however, the difference was not statistically significant. Bandhi et al also found a significant association between occupation and contraceptive usage. In addition, the age of women also influenced contraceptive usage. Conversely, as the education increased the contraceptive usage

decreased, which was found to be statistically significant. Similar to our study, Bandhi et al also reported that there was no influence of socioeconomic status on the contraceptive use.<sup>18</sup> Nair et al study showed that contraception usage was influenced by parity & number of male children.<sup>11</sup> Patel reported that the use of contraception was significantly associated with age of the women, while parity, education and social class had no influence on the contraceptive usage.<sup>12</sup> Thus we see that the factors influencing the use of contraceptive vary from one community to another. However most studies agree that socioeconomic status is not a influencing factor. This shows that socioeconomic status does not determine access to some form of contraceptive methods.

Among those who were using contraception, religion had a significant influence on the type of contraception used with a higher proportion of Christians preferring permanent methods. This difference could not be explained by the distribution of age group, number of children, etc. among the various religious groups as they did not vary significantly. The type of contraception methods was not associated with age, socioeconomic status, education, occupation, sex preference & number of living children. Thulaseedaran reported a significantly lower prevalence of female sterilization among women with higher levels of education in Trivandrum.<sup>15</sup>

## CONCLUSION:

The prevalence of modern contraceptive use was comparatively better among the women studied but is still not satisfactory. Temporary contraception was used by a majority of these women. Compared to other communities in the country, the women in our study area have a significant role in deciding on contraceptive utilization, suggesting better empowerment. Factors that are usually considered to determine usage were not found to have significant association with it. The role of health professionals in providing information about contraception was also poor with media taking center stage. Women with a positive attitude towards sterilization need to be motivated to convert thought into action. Moreover, sterilization should be made a social norm for couple who have completed their family. The health professionals are best suited to provide multiple choices instead of championing a single method.

Hence, they need to be the primary source of information so that the cafeteria approach can be successfully implemented. The study brought out details from the eligible couples of a single village and had higher proportion of younger age group & recently married couples. Further studies are needed to bring

out the influence of various factors, even those not conventionally thought of.

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