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Original Research Article

A clinical study on social stigma and trends of contraception at a tertiary care centre

Shubhra Agarwal¹*, Rehana Najam¹, Arjit Agarwal²

¹Department of Obstetrics and Gynecology, TMMC and RC, Moradabad, Uttar Pradesh, India

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*Correspondence: Dr. Shubhra Agarwal,

E-mail: shubhraagrwl@gmail.com

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ABSTRACT

Background: The most important problem with developing countries like India are facing today is uncontrolled growth of population. The extent of acceptance of the Family Planning methods still varies within societies and also among different castes and religious groups. The objective of the study was to determine the prevalence of different types of contraceptive usage among eligible couples (aged 15-45 years) and to study different variables affecting the prevalence of contraceptive use among eligible couples.

Methods: A cross Sectional study by interview method of Eligible couples from august 2015 to January 2016 at TMMC and RC Moradabad was done.

Results: Contraceptive prevalence was found to be 27.08%. Among the permanent sterilization methods, the most commonly used method was Tubectomy (21.5%). Among the spacing methods Condoms, Oral Contraceptive Pills and Intra-Uterine Devices were used by 12%, 13% and 13% of the eligible couples respectively.

Conclusions: Total CPR in our study population was found to be 27.08% as compared to 40.4% of India which suggests a lot of motivation and education is further required. In the long-term, education of the girl child and male involvement in family planning will empower women to take decisions about their reproductive health.

Keywords: Contraception, Condoms, Oral contraceptive pills, Intrauterine device

INTRODUCTION

The single most important problem that developing countries like India are facing today is uncontrolled growth of population. With population of 1.21 billion, India is second most populous country of the world, second only to China, whereas seventh in land area with only 2.4% of land area. The projections for India made by the Technical Group constituted by the National Commission on Population (NCP) under the Chairmanship of Registrar General, India, reveals that the country's population would reach 1.4 billion by 2026.

In spite of availability of a wide range of contraceptives and mass media campaigns and IEC (Information, Education and Communication) program, the population control remains a distant step to achieve. The extent of acceptance of the Family Planning methods still varies within societies and also among different castes and religious groups.³

Studies to determine the sociodemographic factors responsible for adopting contraceptive methods by the eligible couples would help us in planning for effective management of family planning services as we would focus our resources towards places which are neglected and those which will give us the best results. Government of India has adopted a National Population Policy in February, 2000 to achieve population stabilization. Many youth are still not aware of available modern contraceptive spacing methods in spite of having a positive attitude towards contraception.⁴

²Department of Radiodiagnosis, TMMC and RC, Moradabad, Uttar Pradesh, India

However, despite increased awareness and use, significant unmet need of contraception still exists.⁵⁻⁷ Studies have revealed that religion of an individual is a strong predictor for taking decision on adopting contraception, especially sterilization.^{8,9} An estimated 215 million women in the world who want to avoid a pregnancy are not using an effective method of contraception, despite increases in use in recent years.¹ Keeping above said factors in mind, this study was carried out at a tertiary care centre TMMC and RC Moradabad to identify factors influencing the contraceptive acceptance pattern in the area. The key focus area of this study was to determine the sociodemographic factors responsible for adopting contraceptive methods by the eligible couples in this area.

The objective of the study was to determine the prevalence of different types of contraceptive usage among eligible couples (aged 15-45 years) and to study

different variables affecting the prevalence of contraceptive use among eligible couples.

METHODS

A cross Sectional study by interview method of eligible couples from august 2015 to January 2016 at TMMC and RC Moradabad was done. Ethical clearance was obtained from the Institutional Ethics committee prior to the start of the study. Utmost care was taken to maintain privacy and confidentiality. Information about scientific contraceptive method being used was asked and methods like injectable contraception (DMPA), Rhythm, Calendar and Withdrawal were collectively labelled as others. Data was collected on a pre-designed and pretested questionnaire.

RESULTS

Table 1: Age wise distribution of current use of contraceptive methods among eligible couples.

Sociodemographic character (Age Groups in years)	Total No. of Eligible Couple	No. of eligible couples using any method	Condom	ОСР	IUCD	Tubectomy	Vasectomy	Others
15-19	10	2	2	0	0	0	0	0
20-24	96	23	5	7	5	2	0	4
25-29	83	17	1	3	3	5	0	5
30-34	33	13	4	3	3	2	0	1
35-39	13	7	0	0	2	3	0	2
40-44	5	3	0	0	0	2	0	1
Total	240	65	12(18.4%)	13(20%)	13(20%)	14 (21.5%)	0	13 (20%)

Table 2: Religion wise distribution of current use of contraceptive methods among eligible couples.

Sociodemographic character (Religion)	Total No. of eligible couples	No. of eligible couples using any method	Condom	OCPs	IUCD's	Tubectomy	Vasectomy	Others
Hindu	63	21	2	3	6	6	0	4
Muslims	170	42	9	10	6	8	0	9
Sikhs	2	1	1	0	0	0	0	0
Christians	1	0	0	0	0	0	0	0
Others	4	1	0	0	1	0	0	0

Contraceptive prevalence was found to be 27.08%. Among the permanent sterilization methods, the most commonly used method was tubectomy (21.5%) while none of the eligible couples opted for Vasectomy. Among the spacing methods Condoms, Oral Contraceptive Pills and Intra-Uterine Devices were used by 12%, 13% and 13% of the eligible couples respectively. The percentage of family planning methods used by Hindus and Muslims

were 33.33% and 24.11% respectively. A huge contrast was seen in the context of socio-economic status where most of the families belonging to the upper socio-economic status were using one or the other contraceptive method while it was only one third of the eligible couples belonging to the lower socio-economic status. Proportion of use of contraceptive methods in the age group of 15-19 years is a serious matter of concern.

As shown in Table 1, among 240 eligible couples, 33 of the couples aged between 30 -34 years and 13 couples in age group of 35-39 years which are the most crucial period in the reproductive span were using at least one of the method of contraception. As shown in table 2 the acceptance was low in Muslim population.

Table 3: Socio-economic status wise distribution of use of contraceptive methods among eligible couples.

Sociodemographic Character (status)	Total no. of eligible couples	No. of eligible couples using any method	Condom	OCPs	IUCD's	Tubectomy	Vasectomy	Others
Upper	13	7	5	1	1	0	0	0
Upper Middle	65	33	4	9	7	7	0	6
Lower Middle	57	17	2	2	3	4	0	6
Upper lower	52	4	1	1	1	1	0	0
Lower	53	4	0	0	1	2	0	1

Table 4: Number of living children wise use of contraceptive methods among eligible couples.

Sociodemographic character (No. of Living children)	Total No. of eligible couples	No. of eligible couples using any method	Condom	OCPs	IUCD's	Tubectomy	Vasectomy	Others
0	8	2	1	1	0	0	0	0
1	63	13	3	5	1	0	0	4
2	104	17	2	3	7	3	0	2
3	45	19	4	3	3	4	0	5
>3	20	14	2	1	2	7	0	2

DISCUSSION

Total CPR in our study population was found to be 27.08% as compared to 40.4 % of India which suggests a lot of motivation and education is further required.² The families belonging to upper socio-economic status were among the highest users of contraceptive methods whereas lower class had a negative attitude towards contraception. Lower usage among Muslim couples (24.11%) is consistent with other studies. 11 Noninvolvement of the male members of the family in Muslim families is a matter of great concern which requires motivation of male partners and community leaders. 12 The study revealed use of emergency contraceptive pills 1-2 times per week as a substitute for regular contraceptives. "Over the counter availability and easy to use" were cited as the preferred reasons but they were unaware of its effectiveness and possible sideeffects after repeated use. Preference for male child was found to be another important reason to have more children. The choice of contraceptives available, perception of risk involved with their use along with socio-religious barriers are the most important factors limiting use of contraception methods. Religious beliefs were the most commonly cited barrier for surgical sterilization. Other barriers include fear of side-effects about IUDs. Myths about Cu-T being "displaced into

abdomen leading to surgery" were also stated as barriers for its use. Fear of weight gain was the main barrier for adopting pills as family planning method. Thus it implies that Education of women can help a lot in the long-term for improving women's reproductive health. Other studies also reported that low level of education, particularly among women is one of the major reasons behind high fertility and low contraceptive use. ^{13,14} A study in rural Bangladesh revealed that the husbands' preference for additional children diminishes as wives' level of education increases. ¹⁵ In the long-term, education of the girl child and male involvement in family planning will empower women to take decisions about their reproductive health.

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Institutional Ethics Committee

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