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Research Article

Awareness of contraception and the reasons for having more than two children: a survey among antenatal women

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ABSTRACT

Background: India accounts for 2.4% of world's total surface area, yet it supports 17.5 % of the world's population. 42 % of population increase is contributed by birth beyond two children per family. Even though variety of safe and effective methods of contraception available, many women are not using any method of contraception.

Methods: A cross sectional study was conducted in 130 antenatal women with two or more living children attending antenatal OPD in Government Theni medical college Hospital. They were interviewed with predesigned questionnaire after getting informed consent.

Results: 96.9% of women were aware /heard about any one method of contraception, whereas only 12.3% of women had ever used contraceptives. The main reason for not using contraception was lack of knowledge about the benefits of contraceptive methods, husband's opposition and fear of side effects. The most common reasons to conceive after two or more living children were desire to have male baby (58.5%) and unintended pregnancy (23.1%).

Conclusions: The study reveals that more efforts are required to motivate couples for contraceptive usage and educate them about gender equality, to encourage girl child education so that avoiding too many pregnancies, thus to achieve reduction in maternal and perinatal mortality and morbidity along with population stabilization.

Keywords: Contraceptive methods, Maternal mortality, Population stabilization

INTRODUCTION

Family planning alone could bring more benefits to more people at less cost than any other single technology now available to the human race-UNICEF. India's population as per January 2016 census was 1.311 billion, 1/6th of world population. 42% of population increase is contributed by birth beyond 2 children per family.¹ Reasons for high fertility in India are early marriage which result in too early, too frequent and too many pregnancy, female illiteracy and lack of use of contraceptive methods. Lack of contraceptive usage is due to lack of knowledge and benefits of various contraceptive methods, fear about side effects of contraception, opposition from husband and relatives and facing cultural religious and family obstacles. Unmet

needs for contraception result in unwanted and unintended pregnancies which result in unsafe abortion thus increasing maternal morbidity and mortality. Unmet needs for contraception are woman who wants to delay or limit child birth but not using any method of contraception. Giving birth beyond two children may be due to various reasons like, desire to have a male baby if previous babies were females or want to have a female baby if both babies are male or unplanned pregnancy without using contraception. This study is planned to know the awareness of contraceptive methods and the reasons for having more than two children in antenatal women who already have two or more children.

The objective was to study the obstetric profile, education, awareness of contraception and reason for

having more than two children among antenatal women with two or more living children attending antenatal OP in Government Theni Medical college Hospital, Theni, Tamilnadu.

METHODS

It was a cross sectional study conducted over a period of 6 months from August 2015 to January 2016. 130 antenatal women with two or more live children attending antenatal OPD, Government Theni medical college hospital were interviewed with a predesigned questionnaire. Informed verbal consent was taken from all participants. They were asked about their awareness about contraceptive methods, need and benefits of birth spacing and limiting the number of child birth. They were also asked about the source of information, reasons for not using contraception and reasons for having more than two children. The women were classified according to their age, parity, educational status, occupation and inhabitation.

RESULTS

Most of the women (87.7%) were between 20-30 yrs of age. Majority (78.5%) of them were from rural area and 21.5% of the women were illiterate, 17.7% cases had primary education, 23.1% cases had secondary education, only 3.1% were graduates (Table 1).

Table 1: Socio-demographic variables of study group (N=130).

Variables	Groups	Number	Percentage
Age (yrs)	20-25	60	46.2
	26-30	54	41.5
	31-35	10	7.7
	36-40	6	4.6
Inhabitancy	Urban	22	16.9
	Rural	108	83.1
Literacy	Illiterate	28	21.5
	Primary education	23	17.7
	Middle	45	34.6
	Secondary education	30	23.1
	Graduate	4	3.1

Out of 130 cases, 126 women (96.9%) were aware/heard about any one method of contraception but 88 of them (67.7%) did not know about the benefit of birth spacing and limiting child birth (Table 2). Awareness about contraceptive methods has no significance with literacy status but awareness regarding need of birth spacing & limiting childbirth and its benefits was more in literate group (p value <0.001).

Only 16 (12.3%) women out of 130 women, used contraception (Table 4). Copper T was the only method used by those women who used contraceptives. Health

care providers were the source of information about contraception in majority of cases (65.1%) followed by mass media (27%) and social circle (7.9%) (Table 3).

Table 2: Awareness regarding contraception (N=130).

Awareness	Aware	Not aware
Aware/heard about contraceptive methods	126 (96.9%)	4 (3.1%)
Aware about benefits of birth spacing and limiting childbirth	42 (32.3%)	88 (67.7%)

Table 3: Source of information (N=126).

Source	Number	Percentage
Health care provider	82	65.1
Mass media	34	27.0
Friends & relatives	10	7.9

Table 4: Distribution according to usage of contraception (N=130).

Contraception	Number	Percentage
Not used	114	87.7
Used	16	12.3

The most common reason for not using contraception was husband's opposition (63.2%) followed by apposition by other family members (24.6%), fear of complications (8.7%) and lack of awareness (3.5%) (Table 5).

Table 5: Reasons for not using contraception (N=114).

Reason	Number	Percentage
Husband's opposition	72	63.2
Other family member's opposition	28	24.6
Fear of side effects	10	8.7
Not aware of contraception	4	3.5

Most of the women 102 (78.5%) our study was G3P2L2 with 2 living children, 18 women (13.8%) with 3 children, 7 women (5.4%) with 4 children, two women with 6 living children and one women with 10 living children (Table 6).

Table 6: Number of living children (N=130).

Number of living children	Number	Percentage
Two	102	78.5
Three	18	13.8
Four	7	5.4
Five and above	3	2.3

The reasons for getting pregnant after 2 or more living children were desire for male child in 76 women (58.5%), wanted female child in 18 women (13.5%) and wanted either male or female baby in 6 women (4.6%) and

unintended pregnancy in 30 women (23.1%) with unmet need for contraception (Table 7).

Table 7: Reasons for having two or more children (N=130).

Reason	Number	Percentage
Desire for male child	76	58.5
Desire for female child	18	13.8
Desire for another child	6	4.6
Unintended pregnancy	30	23.1

DISCUSSION

In the present study it was seen that 96.9% of the women knew about any one method of contraception. This results are similar to the studies by Alakananda of Gauhati where 87.6% cases and by H Tuladhar et al in Nepal where 93% cases knew about contraceptive methods.^{1,5}

It was also seen that awareness about the contraception was more among literate group.^{1,5} Our present study revealed that the source of information about the contraceptives were health care providers in majority of the cases. This is similar to the studies by Alakananda, et al whereas media was found to be the main source of information in the study by Tuladhar et al.^{2,3} Thus by increasing mass media coverage we can further increase the contraceptive awareness in our population.

Even though 96.9% cases were aware of contraceptive methods only 12.3% cases had ever used any form of contraception prior to the present pregnancy indicating a wide gap between knowledge and practice. This gap has been evident in many other studies.^{2,3}

The various reasons for not using contraception were opposition from husband and other family members, want to have more children, fear of complications, and not aware of contraception which correlates with study reported by Lakshmi et al and Alakananda et al.^{2,4} Opposition from husband and family members were due to lack of knowledge about the need and benefits of limiting the child birth by using effective contraception.

In our present study 102 (78.5%) women out of 130, had two children, two women had six children and one woman had previous ten children. The main reason for having more than two children was desire for male child after two or more daughters in 58.5%. Puri et al observed similar results with 3/4 of women wanted to have their third baby as male after two daughters; the difference in our study was because the latter study included only the women having only two children.⁵ This calls for a need to educate the women and her family about gender equality. Next common reason for having more than two children was unintended pregnancy 23.1% which is more among illiterate which is similar to the study by Savita et al.⁶

Unintended pregnancy was due to unmet need for contraception which means woman who wants to delay or limit child birth but not using any method of contraception.

CONCLUSIONS

The present study indicates that most of the women knew about one or more contraceptive methods but the awareness about the need and benefits of limiting the number of child births is inadequate, to use contraceptives. More efforts are required to counsel and educate them about the benefits of various contraceptive methods in spacing and limiting child birth and its safety. Counselling should be done during antenatal period, postpartum period and also to the women attending gynaecology OPD, by cafeteria approach and motivate them to use any suitable method. It is also important to educate them about the complications of giving birth to more than two children which play an important role in reducing maternal and perinatal mortality and morbidity.

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