

Contraceptive practice among married women – A hospital based KAP study

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Abstract:

Women usually desire to have wider birth intervals, hence adopt family planning methods such as oral pills, Intrauterine device, Injections, barrier methods, sterilization etc. which are most commonly practiced in the country. Among these tubectomy is one of the safest permanent operative procedure; complications are rare and occur in less than 1% of all female sterilization operations. Tubectomy gives almost absolute protection against unwanted childbirths as compared with temporary methods. The objective of this study was to find out the choice for the acceptance of tubectomy as permanent method of contraception. This study was carried out in the Gynaec OPD of NIUM Hospital during the year of 2014-2015. Total 600 women were enrolled in the study and detailed history was obtained regarding the issues and type of family planning method adopted. The collected data was recorded and analyzed. Out of 600 women 344 (57.33%) women adopted temporary methods, whereas 256(42.66%) adopted permanent sterilization (tubectomy). Among temporary methods 137(22.83%) were on OCP, 70 (11.66%) were on IUCD, 62 (10.33%) were on barrier methods and 52 (8.66%) were not used any methods, whereas 256 (42.66%) had tubectomy. Most of the women i.e. 108 (42.18%) had tubectomy operation after two children and least women i.e. 50 (19.53%) had tubectomy operation after five children. It was observed in Bangalore city that the most of women accepted tubectomy operation especially after two or three children. It may be due to sensitivity of women towards financial status, better education or carrier of their children or better health.

Keywords: Family planning methods, Permanent Sterilization, Tubectomy, Acceptance and Parity

1. Introduction

India is the first country in the world initiated family planning programme for spacing among children. The use of which not only helps to bring down the birth rate, but also ensures better health for the mother and child. However, it has positive impact; even then the percentage of users of spacing methods in the country remained unchanged at the same level of 12.2%. These family planning methods may be temporary or permanent. Oral contraceptive pill, intrauterine devices, injections, subdermal implants, barrier methods etc. come under temporary methods whereas tubectomy in females and vasectomy in males come under permanent sterilization (1, 2). Tubectomy is a procedure for

permanently occluding the fallopian tubes for women who do not want more children. This is also called tubal sterilization, tubal ligation, voluntary surgical contraception bi-tubal ligation, tying the tubes and mini-lap. It is one of the most effective contraceptive methods, but it has a little risk of failure. One in 100 and 5 in 1000 pregnancies occur over the first year after sterilization procedure. This means that 995 of every 1,000 women relying on female sterilization or 99.5% are effective.

In case of female sterilization no medical conditions prevent a woman from accepting this method, although some conditions require caution, delay or making special arrangements. Caution should be taken in case of medical conditions like Epilepsy, Hypertension, diabetes Mellitus etc. whereas delay in case of liver diseases, infections etc. and special arrangement should be make in case of cirrhosis of liver, hyperthyroidism, Pelvic tuberculosis etc. This paper illustrates the knowledge

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and practice of different contraceptive methods among married women with emphasis on acceptance of permanent sterilization by the women.

2. Objective

To observe the acceptance of permanent family planning method by married women.

3. Materials and methods

The present cross sectional study was carried out on all married women visited OPD of National Institute of Unani Medicine, Bangalore during the year of 2014-2015 to find out the acceptance of family planning methods especially tubectomy. In this study 600 women of different age group were interviewed by using a pre designed and pre tested structured questionnaire regarding the number of issue and practice of family planning methods to prevent pregnancy or for spacing. Reasons for adopting the method were also enquired. The data presented in the study was based on interview.

4. Result and Discussion

Out of 600 women 344 (57.33%) women adopted temporary methods, whereas 256(42.66%) adopted permanent sterilization, but Manipur R.K., Narendra Singh et al reported that more number of couples had adopted permanent family planning methods (tubectomy) i.e. 7.75% as compared to temporary methods (5.89%) (3). As per National Health Financing Scheme -3 data of Madhya Pradesh tubectomy was done in 44.3% of women, as it is the only method which is widely accepted (4).

In this study out of 344 women on temporary methods maximum women i.e. 137 (22.83%) were using oral contraceptives. This may be due to easy use over other methods. Next to OCPs 70 (11.66%) were on IUCDs, 62 (10.33%) were on barrier method, 52 (8.66%) were not using any methods and 23 (3.83%) adopted safe method for spacing or to avoid pregnancy. No women were found on other methods like injections or subdermal implants. A study reported that among the temporary methods. Maximum number of couples had adopted IUCDs as spacing method i.e. 15.20% followed by OCPs i.e. 1.56% and other method were adopted by 0.95% of women (4). Regarding permanent sterilization 256 (42.66%) women had permanent sterilization i.e. Tubectomy. (Table.1) As per MHFS 3 data of Madhya Pradesh temporary methods i.e. IUCD users were 0.7%, OCP users were 1.7% and condom was used by 4.8% cases (4).

A survey in India in the year of 2010-11 ended with 34.9 million total family planning acceptors at national level comprising of 5 million sterilizations, 5.6 million IUD insertions, 16 million condom users and 8.3 million oral pill users as against 35.6 million total family planning acceptors in the year of 2009-10, Intra Uterine device insertions during the year of 2010-11 was 5.6 million as against 5.7 million in 2009-10, condom users and oral contraceptive pill users were million equivalent users of condoms and 83.07 million equivalent users of oral pills during the year of 2010-11 (5).

A study conducted by Srividya V and Jayanth Kumar on Family Planning Practices prior to the acceptance of tubectomy reported that increase in the education levels of the study subjects was associated with an increase in acceptance of the contraceptive use i.e. temporary methods before they accepted tubectomy; this association was reported to be statistically significant ($p < 0.0001$) (6).

Table 1. Different contraceptive methods adopted by in married Women on visited OPD of National Institute of Unani Medicine. (n=600).

Sl. No	Method of Family planning	No. of Women	Percentage
1	OCPs	137	22.83%
2	IUCDs	70	11.66%
3	Barrier methods(Condoms)	62	10.33%
4	Tubectomy	256	42.66%
5	None	52	8.66%
6	Safe period	23	3.83%

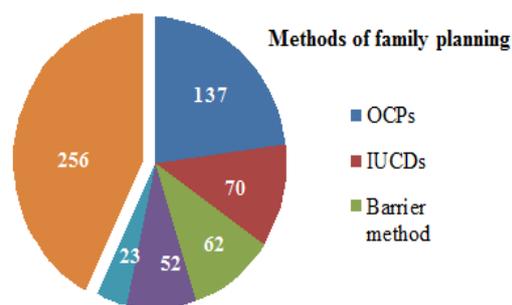


Figure1. Different contraceptive methods adopted by in married Women on visited OPD of National Institute of Unani Medicine.

In all contraceptive methods highest number of women was found with tubectomy operation. Among woman with tubectomy, maximum i.e. 108(42.18%) had tubectomy operation after two children, followed by 66 (25.78%) after three children, 32 (12.5%) opted it after four children and remaining i.e. 50 (19.53%) woman had tubectomy operation after five and above deliveries (Table 2). In our study maximum women had tubectomy operation after two or three children. This finding is similar to the Small Family Norm of India where couples are expected to adopt permanent methods while they have not more than 2 or 3 children. This may be because of social factors like reluctance, traditions, financial problems, socio-cultural beliefs towards small and large family, some health problems or some monetary benefits emerge as the major constraint towards adopting family planning methods. Female literacy, age at marriage of girls, status of women and lack of male involvement in family are also significant factors associated with adoption of permanent sterilization.

The reason for acceptance of tubectomy operation in most women may be basket of services provided by the Government. When India became “target free” in 1996, the government proclaimed that a ‘basket of services’ would be provided to address the multiple reproductive health needs of the patients. The National Population Policy articulated the ICPD principle of the right of individuals to decide freely and responsibly, the number and spacing of their children and to have the information and means to do so.

In our study it was observed that temporary contraceptive methods was mostly adopted by young women less than 30 years of age i.e. 215 (62.5%) as compared to older age women of above 30 years i.e. 129 (37.5%). It was similar to a Reproductive Child Health (RCH) rapid household survey report that the use of temporary methods was higher among younger (25%) than older (17%) women and that most of it was for spacing their births. The prevalence of permanent sterilization was higher in older age group i.e. 53.12% than young age i.e. 46.87% (Table 2) This finding is again supported by the fact that maximum percentage of couples adopted sterilization above 30 years of age. This shift of high age of mothers at 3rd parity may be due to late marriage of girls particularly in the city (7-10).

Asian age newsletter reported that 50% of women adopted tubectomy operation before 30 Years of age. In 2013-14 out of 5,031 sterilized women 1,652 were between the age group of 20-29 years. Among these 1,602 women were sterilized before the age of 24

years. In 2012-2013 nearly 1,684 women were sterilized before the age of 24 years. Acceptance of permanent methods may be because of several side effects of temporary methods (11).

Table 2. Tubectomy operation after number of children in married women visited OPD of National Institute of Unani Medicine. (n=256)

Sl. No	Issues and age of tubectomy operation	No. of women	Percentage
1	Two children	108	42.18
2	Three children	66	25.78
3	Four children	32	12.5
4	Above	50	19.53
5	Young < 30 years	120	46.87
6	Older > 30 years	136	53.12

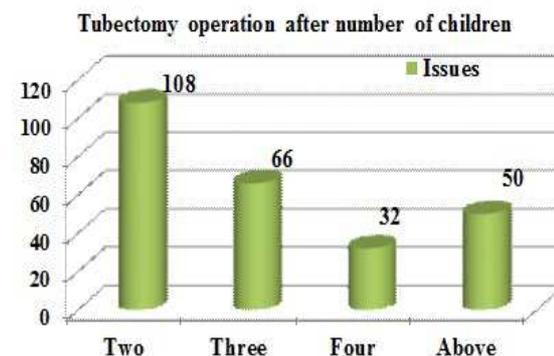


Figure 2. Tubectomy operation after number of children in married women visited OPD of National Institute of Unani Medicine.

Conclusion

The present study is based on the married women population of metro city Bangalore. This study revealed higher acceptance of permanent contraceptive method after desired family size. Only the few percent of women opted tubectomy because of failure of temporary method. This higher acceptance of contraceptive methods may be attributed to characteristic of under study population which may be entirely different from other cities or general population. Awareness about contraceptive and its easy availability and use play an important

role in acceptance of these methods. In the present study it was found that even the non-users had sufficient knowledge about contraception and they were inclined for acceptance at appropriate time.

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