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Acceptance of Family Planning Practices Among Reproductive Age Women in a Rural Area of Etawah

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ABSTRACT

Introduction: Despite considering family planning as a priority in population policy, our country is still long way to achieve a stable population, especially in rural area. This study was schemed to evaluate the awareness and the prevalence of contraceptive use in a rural area of Etawah.

Material & Methods: A house to house survey was conducted in 5 villages in Saifai block of Etawah. A sample of 810 married woman of reproductive age group were interviewed to obtain information on sociodemographic profile and family planning.

Results: The average age of study respondents was 29.19 ± 6.7 years. Majority (44.7%) of respondents belonged to 26-35years and 40% were illiterate. Only 76.6% of the respondents were aware of at least one method of family planning. Nearly 50% were aware of Female sterilization, Condoms and IUCD. Univariate analysis revealed age, education, caste and partner's education were significant factor affecting awareness of family planning. Contraceptive usage was associated with age, family size and decision making ability. Multivariate awareness revealed that education significantly affected awareness and partner's education was significantly associated with contraceptive usage.

Conclusion: Study showed that there is a significant gap between awareness and use of contraception. Age, education, family size and partner's education were significant factors affecting acceptance of family planning in this rural setup.

Key words: Family Planning, Reproductive, Rural, Contraception

INTRODUCTION

Family planning is the way living adopted by the couple or the family to promote health and welfare of both family and community. Scope of family planning has evolved more than mere birth control, it also includes proper spacing and limitation of births, advice on sterility, education of parenthood, marriage counselling etc...[1]Family planning reduces the need for abortion especially unsafe abortions, family planning reinforces peoples' rights to determine the number and spacing of their children.[2]

India's population is exploding with a decadal growth rate of 17.64% in comparison to its dwindling and depleting resources.[3]Even though family planning has gained importance to a certain level, the majority still deny to accept its advantages despite of huge campaigns and well-organised propagandas.[4,5]And yet, awareness and acceptance of various family planning measures still seem to be on two different banks of the same river.

The use of Contraception as a major determinant of fertility levels has steadily increased since 1970 throughout the world. From 14% in 1970 to 64% in 2015, the utilisation of contraception regionally va-

ries from about 25% in Africa to nearly 65% in Asia.[6,7,8]

As per the last National Family Health Survey-3 held in 2005-06, it is found that only about 48.5 per cent of couples in India used any modern contraceptive, contraceptive prevalence is 56% for all methods of contraception.[4,5] Annual Health Survey 2012-13 shows that Uttar Pradesh has 59% of contraceptive prevalence, whereas District Etawah has 69%prevalence for all methods of contraception.[9]

Despite considering family planning as a priority in population policy, our country is still long way to achieve a stable population, especially in rural area.[4,9] This study was schemed to evaluate the awareness and the prevalence of contraceptive use in a rural area of Etawah. This study will help us to understand the preferred choice of contraception in this area, modes of information and reasons for selection of contraceptive methods by the female population of this community.

AIM & OBJECTIVES

The study was conducted to determine the contraceptive prevalence and its correlates among sexually active married women of reproductive age group in a rural area of Etawah. The study was also conducted to determine the awareness about contraception and its correlates among study subjects.

MATERIAL AND METHODS

A community based cross-sectional study was undertaken in Community Development Block, Saifai, Etawah. Study was carried from August to December 2016.

Sample size was calculated using data of Annual Health Survey 2012-13, the contraceptive prevalence of Etawah[9] i.e. 69% with relative precision of 5%, the estimated sample size was 718, considering non-response rate of 10% sample size was increased to 790. Eight hundred and ten females were interviewed in the survey.

Etawah, a district in Uttar Pradesh with 76.8% of rural population.[10] Five villages namely Lachwaipur, Henwara, Ujhiyani, Geenja, Bhaguiyya, were selected from the community development block. Eight hundred and ten females of reproductive age group (15-49yrs) were enrolled in present study.

Tools & technique of the study: The methodology was explained completely in our previously published article.[11] The survey was conducted in the selected villages by visiting door to door. The survey was conducted with the pre-designed and pre tested questionnaire.

We enrolled a sample of 813married women of reproductive age group in the study. The information regarding the socio-demographic profile, knowledge and use of family planning was evaluated in the form of interview. The study participants were explained the purpose of the study, along with the consent, anonymity and confidentiality was assured. If two married females of reproductive age group were encountered in the same family, the younger one was enrolled in the study. Subsequent to interview sessions, respondents were made aware of family planning services and referred to nearest health facility. Three study subjects were excluded from analysis as they were not widows and not sexually active. Being part of the study was completely voluntary, participants were given an option to quit the study at any point of time. Ethical approval was received from ethical committee of the University.

Analysis of data:

The data was analysed in IBM SPSS version 24 software package worksheet and analysed accordingly. The results were expressed in percentage and represented in tables and graphs. Level of significance was studied using Chi-square test. Univariate and multivariate regression model was applied to study the correlates of awareness and use of contraception. A p value of <0.05 was considered to be significant.

RESULTS

Eight hundred and ten married women of reproductive age groups were enrolled in this study from all the above mentioned villages. The average age of study subjects was 29.19 ± 6.7 years and average age at time of marriage was 17.86 ± 1.8 years. Socio-demographic characteristics of respondents is already represented in our previous article.[11]

Table 1: Depicting the awareness of family planning methods among married women of reproductive age group. (N=810)

Awareness	Women (%)
Any method	629 (76.6)
OCP	385 (47.5)
IUCD	416 (51)
Condoms	455 (56)
Injections	66 (8)
Periodic Abstinence	98 (12)
Withdrawal	91 (11)
Female sterilisation	353 (56.5)
Male sterilisation	15 (2)
Emergency Contraception	8 (1)

Table 2: Proportion of contraception usage among married women of reproductive age group in rural Etawah (N = 217)

Contraceptive method	Women (%)
Condoms	80 (36.8)
Female sterilisation	62 (28.5)
Withdrawal method	31 (14.2)
Periodic Abstinence	17 (8)
IUCD	18 (8)
OCP	9 (4.5)

Majority of the respondents i.e.44.7% were in the early advanced reproductive age group (26-35yrs), 40% of the respondents were illiterates. One third of the respondents entered into reproductive life before the age of 18years. Half of the respondents had not more than 2 children at the time of study. Majority i.e. more than 4/5th of the respondents belong to socio-economic status of class 4 & 5 of modified B.G. Prasad's classification.[12,13] Half of the respondents had married life 10 years or less. Only 10% of the respondents had access to media in any form.

Table 1 reveals awareness of various contraceptive methods among respondents i.e. 76.6% of the married women of reproductive age were aware about at least one of the contraceptive methods. Awareness of respondents for temporary contraceptive methods like OCP, IUCD, Condoms was 47.5%, 51%, 56% respectively. Married women of reproductive age groups were more aware about female sterilisation (56.5%) than the other counterpart male sterilisation (2%). The prevalence of contraceptive usage among married women of reproductive age was 26.7%. Table 2 Shows the different types of contraceptives accepted by the study subjects. Condoms were the most commonly used contraceptive method (36.8%) followed by female sterilisation (28.5%).

Table 3. Univariate analysis showing association of Socio demographic variables with family planning awareness among study subjects.

Variables	Family planning awareness		Odds Ratio (95% CI)	P value
	Yes (%)	No (%)		
Age(Years)				
16-25	212(24.6)	76(73.6)	0.93 (0.59 – 1.44)	**0.025**
26-35	297(82)	65(18)	1.52 (0.97 – 2.38)	
36-45	120(75)	40(25)	1	
Education				
Illiterate	238(72.8)	89(27.2)	0.17 (0.06-0.44)	**0.001**
Primary	314(78.3)	87(21.7)	0.23 (0.09-0.59)	
High school	77(93.9)	5(6.1)	Referent	
Caste				
OBC	282(79.9)	71(20)	0.88 (0.54-1.44)	**0.043**
SC/ST	225(73.1)	83(26.9)	0.60 (0.37-0.98)	
OTHERS	122(81.9)	27(18.1)	Referent	
Socio-Economic Status*				
1 & 2	37(82.2)	8(17.8)	1.53 (0.68-3.45)	0.413
3	72(82.8)	15(17.2)	1.59 (0.85-2.96)	
4	318(77.8)	91(22.2)	1.15 (0.80-1.66)	
5	202(75.1)	67(24.9)	Referent	
Type of Family				0.598
Joint	271(78.6)	74(21.4)	1.09 (0.78-1.53)	
Nuclear	358(77)	107(23)	Referent	
Partner's Education				
Illiterate	152(73.1)	56(26.9)	0.37 (0.22-0.63)	
Primary	72(71.3)	29(28.7)	0.34 (0.18-0.63)	**0.001**
High school	232(76.3)	72(23.7)	0.44 (0.27-0.73)	
Intermediate	173(87.8)	24(12.2)	Referent	
No. Of Children				
≤2	319(76.5)	98(23.5)	0.87 (0.63 – 1.21)	0.416
>2	310(78.9)	83(21.1)	Referent	
Abortion				
Yes	112(74.7)	38(25.3)	0.82 (0.54 – 1.23)	0.330
No	517(78.3)	143(21.7)	Referent	
Unwanted Childbirth				
Yes	21(65.6)	11(34.4)	0.53 (0.25-1.13)	0.096
No	608(78.1)	170(21.9)	Referent	

Table 4.Univariate analysis showing association of Socio demographic variables with use of contraception among study subjects.

Variables	Family planning awareness		Odds Ratio (95% CI)	P value
	Yes (%)	No (%)		
Age(Years)				
16-25	41(14.2)	247(85.8)	0.34 (0.21-0.55)	**0.001**
26-35	124(34.3)	238(65.7)	1.08 (0.72-1.60)	
36-45	52(32.5)	108(67.5)	Referent	
Education				
Illiterate	84(25.7)	243(74.3)	0.81 (0.63-1.23)	0.65
Primary	113(28.2)	288(71.8)	1.07 (0.61-1.88)	
High school	20(24.4)	62(75.6)	Referent	
Caste				
OBC	103	250	1.16 (0.75-1.78)	0.37
SC/ST	75	233	0.98 (0.58-1.42)	
OTHERS	39	110	Referent	
Socio-Economic Status*				
1 & 2	15(33.3)	30(66.7)	1.22 (0.62-2.40)	0.220
3	27(31)	60(69)	1.10 (0.65-1.86)	
4	97(23.7)	312(76.3)	0.76 (0.53-1.07)	
5	78(29)	191(71)	Referent	
Type of Family				
Joint	91(26.4)	254(73.6)	Referent	0.819
Nuclear	126(27.1)	339(72.9)	1.04 (0.76-1.42)	
Partner's Education				
Illiterate	55(26.4)	153(73.6)	0.95 (0.61-1.47)	0.889
Primary	24(23.8)	77(76.2)	0.82 (0.47-1.43)	
High school	84(27.6)	220(72.4)	1.01 (0.67-1.51)	
Intermediate	54(27.4)	143(72.6)	Referent	
No. Of Children				
≤2	81(19.4)	336(80.6)	0.46 (0.33-0.63)	**0.0001**
>2	136(34.6)	257(65.4)	Referent	
Decision maker				
Both	160(63.5)	92(36.5)	Referent	**0.001**
Husband /Self	57(10.2)	501(89.8)	0.07 (0.04-0.1)	
Abortion				
Yes	38(25.3)	112(74.7)	0.91 (0.61-1.37)	0.655
No	179(27.2)	481(72.8)	Referent	
Type of abortion				
Induced	17(29.4)	41(70.6)	1.42 (0.67-3.0)	0.354
Spontaneous	21(22.6)	72(77.4)	Referent	
Unwanted Childbirth			\	
Yes	8(25)	24(75)	0.91 (0.4-2.05)	0.816
No	209(27)	569(73)	Referent	

Table.3 depicts the association of socio-demographic variables with awareness of family planning. Females with the age of 26-35 years showed more awareness about contraception compared to other age groups (p=0.02). The awareness about contraception increased with increase in education level (p-0.001), Scheduled caste/scheduled tribes and backward class population showed less awareness of contraception compared to others (p=0.04). Awareness also showed increasing with increase in partner's education (p<0.001).

Table 4 depicts the association of socio-demographic profile with prevalence of contraception use. The utilisation of contraceptive methods was found to be more among increase in age (P=0.001) and increase in family size the use of contraception was more among couples who considered opinions of both partners for family planning decision (P<0.001).

Multivariate regression analysis revealed that illiterate and less educated females had more likely to be unaware of contraceptive methods (illiterate - 76%, Primary school-72%) compared to those females educated till high school or more. Contraception use was 63% less likely in the age group of 16-25 years than females aged 35 or more (Adjusted OR-0.37, 95%CI-0.19-0.72). Females who had two or less children had 46% less chance of using contraception and couple who made family planning decisions had 95% more likely to use contraception. [Table 5]

Table 5. Multivariate regression analysis of variables with family planning awareness and contraceptive use.

FP Awareness	Unadjusted OR	Adjusted OR	P value
Age			
16-25 Years	0.93 (0.59-1.44)	0.72 (0.45-1.15)	0.17
26-35 Years	1.52 (0.97-2.38)	1.44 (0.91-2.27)	0.11
Education			
Illiteracy	0.17 (0.06-0.44)	0.244 (0.09-0.66)	0.006
Primary	0.23 (0.09-0.59)	0.28 (0.10-0.76)	0.012
Caste			
OBC	0.88 (0.54-1.44)	0.963 (0.58-1.59)	0.88
SC/ST	0.60 (0.37-0.98)	0.751 (0.45-1.24)	0.26
Partner's education			
Illiterate	0.37 (0.22-0.63)	0.50 (0.28-0.90)	0.02
Primary	0.34 (0.18-0.63)	0.36 (0.19-0.68)	0.012
High school	0.44 (0.27-0.73)	054 (0.32-0.92)	0.023
Contraception use			
Age			
16-25 Years	0.34 (0.21-0.55)	0.37 (0.19-0.72)	0.003
26-35 Years	1.08 (0.72-1.60)	0.94 (0.57-1.55)	0.82
Children ≤2	0.46 (0.33-0.63)	0.56 (0.35-0.90)	0.016
Decision Maker	0.07 (0.04-0.1)	0.05 (0.03-0.08)	0.001

*Multivariate logistic regression, OR- odds ratio

DISCUSSION

Respondents in the study were 40% illiterate, similar rates to that of state value,[14]depicting low literacy of females in UP. The study revealed knowledge of the respondents regarding different methods of contraception, 76.6% of the respondents were aware of at least one method of contraception which was very low as compared to national values of 99% awareness,[5] this disparity may be related to more number females were married way before their legal age of marriage, and very low exposure to media in rural settings. Similar to NFHS-4 data most of the women had awareness about only female sterilisation, Condoms, pills and IUCDs.[14] Whereas male sterilisation, injectable and emergency contraceptives were lacking awareness among the respondents, the findings were similar to few studies conducted by Ranjan S *et al*,[15] Murakar SK *et al*,[16] Taklikar CS *et al*.[17]

Contraceptive prevalence in India has shown a modest increase in the past 5 decades of family planning program from 14% in 1970s to 55%in 2008.[7] The contraceptive prevalence in this study setting was found to be 26.7%, which was very far from both the state(42%) and national (51%) averages in rural area.[14]Among the contraceptive methods female sterilisation and condoms were the most common methods accepted by the respondents as same as national trend, Ranjan S *et al*,[15] and Taklikar CS *et al*[17] also found similar trend of acceptance.

In present study there was significant association between awareness about contraception and education of the respondent as well as partner's education. It was also found that the contraceptive use was significantly associated with age of respondent, number of living children and decision making authority similartoRanjan S *et al*,[15] Murakar SK *et al*,[16] Taklikar CS *et al*.[17]

CONCLUSION

Study showed that there is a significant gap between awareness and use of contraception. There were noticeable number of women in the present community who got married before the legal age of marriage and become mothers in teenage. Age, education, family size and partner's education were significant factors affecting acceptance of family planning in this rural setup. Despite of comprehensive strategies and ongoing activities a large proportion of young married females remain unaware of contraceptive methods and services. Family planning services remain less reached in rural areas of Etawah.

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