



To Assess the Hesitancy of Contraceptive Among Women of Reproductive Age Group (19-45 Years) at A Tertiary Care Hospital, Ranchi, Jharkhand

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KEYWORDS

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ABSTRACT

Aim: The aim of the present study was to assess the hesitancy of contraceptive among women of reproductive age group (19-45 years) at a tertiary care hospital, Ranchi, Jharkhand.

Methods: This was a hospital-based cross-sectional study conducted at outdoor Department of Obstetrics and Gynecology department, Ranchi, Jharkhand. The duration of the study was 6 months. The participants were married females of the reproductive age group (19-45 years). 200 women were included in the study.

Results: A total of 160 (80%) were married and others were single 34 (17%), divorced 4 (2%), and separated, 2 (1%). The levels of education of the women were no formal education, 10 (5%), primary 34 (17%), secondary 96 (48%) and tertiary 60 (30%). 196 (98%) respondents had ever heard contraceptive before, while only 4 (2%) had not. The common contraceptives ever heard about by the women include male condom, natural methods, pills and injectables, IUCD with 198 (99%), 186 (93%), 180 (90%), 172 (86%) and 112 (56%) respectively. The number of women that said family planning commodities were readily available were 152 (76%) but 48 (24%) insist commodities were not readily available. Those that considered the family planning services out of reach suggest; health education 24 (50%), improved supplies 14 (29.16%) and reduction in prices 10 (20.84%) as possible ways to increase availability of the commodities. 140 (70%) women had ever used one form of contraceptive while 60 (30%) had never used any form of family planning.

Conclusion: There is a need to unravel why women refuse contraception for no reason. When such reasons are known, the women can be helped much better. As it is seen in this study, the awareness of modern family planning methods does not translate into use. There are a lot of obstacles to the use stemming from misconceptions. The campaigns for family planning services should aim at the misconceptions in order to drive the demand and remove the barriers.

INTRODUCTION

World Health Organization defines 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 a country.¹ Family planning can be defined as the term which refers to the use of modern contraceptives or natural techniques for either limiting or spacing pregnancies. Pills, male and female sterilization, intrauterine devices (IUDs), injectables, implants, male and female condoms, diaphragms, and emergency contraception are modern methods of contraception.

Similarly, traditional methods include periodic abstinence, withdrawal, and “folk” methods such as herbs.² It is required for individuals and couples to anticipate and attain their desired number of children and also for the spacing and timing of their births. This has a direct impact on women’s health and well-being as well as on the outcome of each pregnancy.³

India was the first country in the world to adopt a population policy and launch a national program for family planning back in 1952.⁴ The initial efforts under the program were aimed at population stabilization, but now it is well recognized as an intervention to improve maternal and child health. Most fundamentally, family planning advances human rights by helping couples



decide freely and for themselves, whether, when, and how many children they want to have.⁵ Maternal mortality ratio of India as per the report of the Sample Registration System (SRS) data 2018–2020 is 97/1,00,000 live births.⁶ About 8% of maternal deaths globally are attributed to unsafe abortions.⁷ Effective use of contraception can help to prevent unwanted pregnancies and unsafe abortions. It has been estimated that meeting women's needs for modern contraceptives would prevent about one quarter to one-third of all maternal deaths.⁸

Other studies identified poor spousal contraceptive communications⁹, financial constraints and regional barriers and lack of access to services. Similar studies around the world identified poor health services, poor knowledge of methods¹⁰ and provider-related barriers to its provision.¹¹

The aim of the present study was to assess the hesitancy of contraceptive among women of reproductive age group (19-45 years) at a tertiary care hospital, Ranchi, Jharkhand.

MATERIALS AND METHODS

This was a hospital-based cross-sectional study conducted at outdoor Department of Obstetrics and

Gynecology department, Ranchi, Jharkhand. The duration of the study was 6 months. The participants were married females of the reproductive age group (19-45 years). 200 women were included in the study.

Interviewer-administered, semi-structured questionnaire was used to elicit the study subjects' socio-demographics, awareness, knowledge and barriers to contraceptive uptake among the respondents. This was done to detect deficiencies or ambiguities in the questionnaire and making appropriate correction. Four research assistants also participated in the study. They were resident doctors trained on data collection using interviewer-administered questionnaire. Data collation and editing were done manually to detect omission and ensure uniform coding.

The analysis was done using SPSS version 15; frequency tables and cross-tabulations were generated to show the association between the socio-demographic variables and barriers to uptake of contraceptives among the respondents. Univariate and Bivariate analyses were employed to analyze the data. Chi-square test was used to determine statistical significance of observed differences in the cross-tabulated variables.

RESULTS

Table 1: Socio-demographic Characteristics of respondents

Variable	Frequency	Percentage
Age		
Less than 20	30	15
20 – 24	32	16
25 – 29	44	22
30 – 34	40	20
35 and above	54	27
Marital Status		
Single	34	17
Married	160	80
Divorced/ Separated	4	2
Widowed	2	1
Level of Education		
No formal education	10	5
Primary	34	17
Secondary	96	48
Tertiary	60	30
Occupation		
Civil Servant	70	35
Self employed	94	47
Student	32	16



Unemployed	4	2
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A total of 160 (80%) were married and others were single 34 (17%), divorced 4 (2%), and separated 2 (1%). The levels of education of the women were no formal education, 10 (5%), primary 34 (17%), secondary 96 (48%) and tertiary 60 (30%).

Table 2: Awareness of Contraception among respondents

Variable	Frequency	Percentage
Ever heard of contraception		
Yes	196	98
No	4	2
Sources of information		
Health worker	144	72
Friend/ Relative	100	50
Mass media (radio, TV, Newspaper etc)	88	44
School	64	32
Neighbour	22	11
Methods ever heard of		
Male condom	198	99
Natural	186	93
Pills	180	90
Injectables	172	86
IUCD	112	56
Female condom	22	11
Traditional	20	10

196 (98%) respondents had ever heard contraceptive before, while only 4 (2%) had not. The common contraceptives ever heard about by the women include male condom, natural methods, pills and injectables, IUCD with 198 (99%), 186 (93%), 180 (90%), 172 (86%) and 112 (56%) respectively.

Table 3: Availability of contraceptive commodities

Variable	Frequency	Percentage
FP commodities readily available?		
Yes	152	76
No	48	24
How to improve the availability (n = 122)		
Health education (to improve utilization)	24	50.0
Improved supply/access	14	29.16
Govt should reduce price	10	20.84

The number of women that said family planning commodities were readily available were 152 (76%) but 48 (24%) insist commodities were not readily available. Those that considered the family planning services out

of reach suggest; health education 24 (50%), improved supplies 14 (29.16%) and reduction in prices 10 (20.84%) as possible ways to increase availability of the commodities.



Table 4: Contraceptive uptake and its identified barriers among the respondents

Variable	Frequency	Percentage
Using any form of contraception		
Yes	140	70
No	60	30
What form of contraception (n=140)		
Modern methods	105	75
Natural methods	32	22.85
Traditional methods	3	2.14
How long in years (n=140)		
Less than 1	34	24.28
1 – 2	48	34.28
3 – 5	35	25
Above 5	23	16.42
Reasons for using FP (n=140)		
Prevent unwanted pregnancy	112	80
Suitable and reliable	75	53.57
Accessible	69	49.28
Affordable	42	30
Little or no side effects	28	20
Reasons for not using FP (n =60)		
No reason	28	46.66
Desirous of more children	24	40
Husband's disapproval	15	25
Side effects	9	15
Against my culture	4	6.66
Not aware	3	5

140 (70%) women had ever used one form of contraceptive while 60 (30%) had never used any form of family planning. The duration of use among those who had used contraceptives was less than 1 year 34 (24.28%), 1-2 years 48 (34.28%), 3-5 years 35 (25%) and above 5 years 23 (16.42%). Their reasons for using contraceptives were prevention of unwanted pregnancy, 112 (80%), suitability and reliability of methods, 75 (53.57%), accessibility, 69 (49.28%), affordability, 42 (30%) and little or no side effect, 28 (20%).

DISCUSSION

Contraceptive methods are preventive methods which help women avoid unwanted pregnancies.¹² They include all temporary and permanent measures to prevent pregnancy resulting from coitus.¹² Although family planning is not synonymous with birth control, planning, provision and use of birth control are called family planning methods.¹² Some contraceptives prevent against sexually transmitted infections (STI).

Within the same society, contraception varies amongst people of different socio-cultural, educational, religious or occupational affiliations.¹³ Family planning was cited as essential to the achievement of the erstwhile millennium development goals (MDG) because it has a direct impact on women's health and consequences on each pregnancy.¹⁴ It is believed that high fertility disempowers women.¹⁵ Globally, unplanned pregnancies and STI persist as significant threats to women's reproductive health.¹⁶

Most women of reproductive age group know little or incorrect information about family planning methods. Even when they know some names of contraceptives, they do not know where to get them or how to use it.¹⁷ A total of 160 (80%) were married and others were single 34 (17%), divorced 4 (2%), and separated, 2 (1%). The levels of education of the women were no formal education, 10 (5%), primary 34 (17%), secondary 96 (48%) and tertiary 60 (30%). 196 (98%) respondents had ever heard contraceptive before, while only 4 (2%) had



not. The common contraceptives ever heard about by the women include male condom, natural methods, pills and injectables, IUCD with 198 (99%), 186 (93%), 180 (90%), 172 (86%) and 112 (56%) respectively. In the study conducted by Ghike et al¹⁸ 59% women did not use contraception due to family pressure whereas 3.3% considered children to be God's gifts and therefore did not wish to use contraception to limit children. Berry and Kumar¹⁹ observed that 45% women did not use contraception due to unbearable side effects, 29% because they feared that it would cause future infertility, 55% were not using due to family pressure, and 3% due to religious reasons. Eighteen percent of the women desired children.²⁰

The most common source of information regarding contraception was found to be the various forms of media, the radio, television, and posters in health centers. Both studies conducted by Upadhye and Upadhye²¹ and Ghike et al¹⁸ found media to be the most common source of information regarding contraception at 37.5 and 70%, respectively. The number of women that said family planning commodities were readily available were 152 (76%) but 48 (24%) insist commodities were not readily available. Those that considered the family planning services out of reach suggest; health education 24 (50%), improved supplies 14 (29.16%) and reduction in prices 10 (20.84%) as possible ways to increase availability of the commodities. 140 (70%) women had ever used one form of contraceptive while 60 (30%) had never used any form of family planning. The duration of use among those who had used contraceptives was less than 1 year 34 (24.28%), 1-2 years 48 (34.28%), 3-5 years 35 (25%) and above 5 years 23 (16.42%). Their reasons for using contraceptives were prevention of unwanted pregnancy, 112 (80%), suitability and reliability of methods, 75 (53.57%), accessibility, 69 (49.28%), affordability, 42 (30%) and little or no side effect, 28 (20%).

CONCLUSION

There is a need to unravel why women refuse contraception for no reason. When such reasons are known, the women can be helped much better. As it is seen in this study, the awareness of modern family planning methods does not translate into use. There are a lot of obstacles to the use stemming from misconceptions. The campaigns for family planning services should aim at the misconceptions in order to drive the demand and remove the barriers. The influence

of the male partner should also be considered, and more male friendly services should be incorporated into the practice of family planning.

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