

Community Medicine

KEYWORDS: Family Planning, Married Women, contraception, Eligible couple.

STUDY TO ASSESS THE NEED OF CONTRACEPTION AMONG WOMEN IN FIELD PRACTICE AREA NEAR BY SRI KRISHNA MEDICAL COLLEGE, MUZAFFARPUR, BIHAR.



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**ABSTRACT**

BACKGROUND: Family planning is a fundamental right of every human being. Family planning plays a key role in improving the health of the mother and the child. Yet there are still significant levels of demand for family planning that are unmet and these can lead to unintended pregnancy. **AIMS AND OBJECTIVE:** The main aim of this study was to assess the demand for modern contraceptive and associated factors among currently married women of the reproductive age group in field practice area of SKMC Muzaffarpur. **METHODS AND MATERIALS:** A Community-based cross-sectional study design was conducted from March 2020 to September 2020 among 225 systematically selected currently married women of reproductive age. A Pre-tested and interviewer-administered questionnaire was used to collect the data. Descriptive statistics were done to summarize the data. A multivariate logistic regressions analysis method was employed and odds ratio with 95% confidence interval was used to control for possible confounders. P-value < 0.05 was used to declare a significant association. **RESULT:** 145 (67.4%) of all eligible couple had ever used a contraceptive method. About one third of females (28.9%) OCP's were used followed by Condom (21.3%) use. About (15.0%) DMPA and IUCD were used in about equal in proportion. Only (12.4%) females had undergone Permanent sterilization. On the basis of caste, SC/ST showed highest ever use of contraception. **CONCLUSION:** The total demand for modern methods of contraceptive was high in the study area except for long acting and permanent methods with high unmet need for spacing than for limiting. Therefore, any program aimed at promoting family planning at the district level should look for ways and means of increasing demand for long acting and permanent family planning methods and encouraging husband involvement to increase its utilization.

INTRODUCTION:

National Family Welfare Programme which was inception in 1951 in India, first in the world, now is going on as Reproductive Child Health-II programme under the umbrella programme NRHM. The range of contraceptive products delivered through the programme has been widened, 'cafeteria choice' approach has been adopted to provide contraceptives to eligible couple, and goal for couple protection rate (CPR) was fixed to 63%. Family planning is the decision making process by which the need or demand for contraceptives, and meeting the demand or the supply of contraceptives are dependent on each other. As women's demand for contraception increases, the need for governments, donors, manufacturers and other stakeholders to supply the demand becomes increasingly critical [1]. It is an important step toward

breaking the cycle of poverty for women, their families and their communities. Yet much remains to be done before the right to self-determined family planning can be fully realized. Improvements in meeting the demand for family planning require not only data on overall levels and trends in contraceptive prevalence and unmet need for family planning but also an assessment of the diversity of contraceptive methods used [2]. Researchers have shown that Reproductive age, women have varying contraceptive needs. Because of side effects, daily intake and similar complain, many women do not use oral contraceptives effectively which can lead to unintended pregnancy. Rather, they choose long-term reversible contraception like Intra Uterine Devices (IUDs) and implants [3]. The total demand for family planning is currently defined as the percent of married or in union women aged 15–49 years who want to delay or limit child bearing (i.e. the combination of women with unmet need and women using family planning constitutes the total demand for family planning) [4]. Yet there are still significant levels of demand for family planning that are unmet. If this unmet need were met, unintended pregnancies would be reduced, women's health and lives would be improved, can prevent an estimated 2.7 million infant deaths globally and the consequent impact on fertility would result in lower population growth [5]. The growing use of contraception around the world has given couples the ability to choose the number and spacing of their children and has tremendous lifesaving benefits. But, contraceptive use is still low and the need for contraception high in some of the world poorest and most populous places [6]. Contraceptive use was increased worldwide over the last decade but, Africa has still a high unmet need for family planning that approximately 25% of women and couples in Sub-Saharan Africa who wanted to space or limit their births are not using any type of contraception [7]. Half of the married women worldwide now use a modern method of contraception, but 200 million women still have an unmet need that they would like either to stop having children or delay their next birth for at least 2 years but are not using an effective contraceptive method. This unmet need is fuelled by lack of information, fear of social disapproval or a husband's opposition, religious or cultural beliefs, and concern for contraceptive side-effects or impacts on health. This could lead to increased unwanted pregnancy and induce abortion [8–10]. In many resource-poor settings, the growing unmet need for contraception is astounding. So, couples who wish to have fewer children are unable to determine the size of their families as funds for family planning continues to be scarce and existing programs and services fail to meet the concerns and desires of their users [11].

In Ethiopia, the strategy was emphasized on delivery of short-acting methods, especially pills where the probability of an adult woman dying from a maternal cause during her reproductive lifespan is about one in 40 [12, 13]. EDHS 2011 indicated that unmet need for contraceptives was about 25% with a total demand of 54% [14]. Although family planning use among women of reproductive age

has been increased from its virtual nonexistence level, it is still low in Ethiopia. This is as a result of low availability of a variety of contraceptive methods [15]. Availability of quality family planning services, diversity of the methods and correct information enable women to make informed choices. This study has determined the level of family planning and identified factors associated with demand for family planning and hoped to be used as an input for program and health policymakers in designing family planning service. According to Census 2011 decadal population growth rate of 17.64) with a crude birth rate of 21.6 and current total fertility rate (TFR) 2.68 (NFHS-3). Declining fertility in large part is due to women's increased use of contraceptive methods. Their use of modern methods increased from 42.8 to 48.5% between NFHS-2 to NFHS-3. Contraceptive prevalence rate of India was 56.3% as per the NFHS-3 data [16]. Under the National Rural Health Mission (2007-2012) programme goal set for TFR was 2.1 [17].

AIMS AND OBJECTIVE: To know the prevalence of contraception and determinants of contraceptive use among married couples in near area of Muzaffarpur district of Bihar.

This study has determined the level of family planning and identified factors associated with demand for family planning.

MATERIAL AND METHODS:

Study design: A community-based cross-sectional study design was employed using quantitative method only.

Source population: All currently married women of the reproductive age group in field Practice area near by Sri Krishna Medical College, Muzaffarpur district, Bihar, were the source population.

Study population: Randomly selected married women between 19 and 45 years of age who were living in selected areas of SKMC Muzaffarpur district.

Inclusion criteria: All married women of the reproductive age group in selected nearby Muzaffarpur district areas. Being a resident of selected areas at least for 6 Months.

Exclusion criteria: Married women of the reproductive age group who were critically ill, unable to talk or hear during the study period were excluded from the study. Exclusion criteria were separated, divorced, widow, consummation of marriage not occurred, hysterectomy done.

STATISTICAL ANALYSIS:

After data collection, each questionnaire was checked by the supervisors. Then, the actual data was entered and analyzed by SPSS version 20 statistical packages. To check missing values and outlier's frequency output was used and cleaning was done. Descriptive statistics were done to summarize the data. A bivariate analysis was used to identify candidate variables and a multivariate logistic regression model was used to control for possible confounding variables and predict population parameters. Crude and Adjusted Odds ratio with 95% confidence interval was used to assess the association of dependent and independent variables.

RESULT:

Only (12.4%) females had undergone Permanent sterilization. On the basis of caste, SC/ST showed highest ever use of contraception. 145 (67.4%) of all eligible couple had ever used a contraceptive method. About one third of females (28.9%) OCP's were used followed by Condom (21.3%) use. About (15.0%) DMPA and IUCD were used in about equal in proportion.

Table 1:

Knowledge about the different contraceptive methods in eligible couples (n=215). Knowledge about contraception Present Absent.

Knowledge about contraception		
	Present	Absent
Males	92.1	7.9
Females	89.8	10.2

Table 1: shows the knowledge about the different contraceptive methods. One tenth of female among eligible couples had no knowledge about any method of contraception whereas (92.1%) of males were aware about one or other method of contraception.

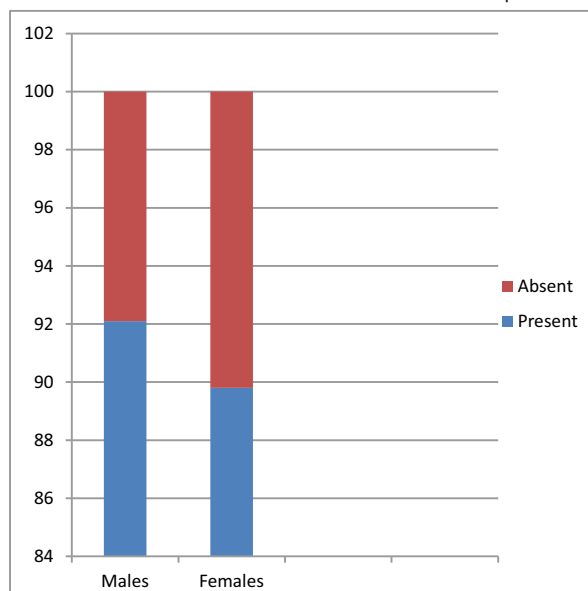


Table 2:

Relation between contraceptive use in females and Husband's attitude (n=215).

Husband's attitude	Yes N (%)	No N (%)	Chi square, p value
Encouraged	90 (80.3)	11 (10.6)	11.3, 0.00
Discouraged	10 (8.9)	76 (73.7)	
Indifferent	12 (10.7)	16 (15.5)	
Total	112 (100.0)	103 (100.0)	

Table 2: shows among eligible couples where husband had a supportive attitude towards contraceptive use, 90 (80.3%) of females had used contraceptive compared to those husbands who discouraged or having indifferent attitude showed 10 (8.9%) and 12 (10.7%) towards contraceptive use respectively.

DISCUSSION:

This study has attempted to assess demand for modern methods of contraceptive and associated factors among married women of reproductive age.

Knowledge

In the present study, 89.8% females and 92.1% male had knowledge about any type of contraception whereas in the study of Samandri et al and Bogale et al observed that most of the women (99.0%) and (99.4%) were having knowledge about any one type of contraceptive [18,19]. In the study done by Saini et al in their study that all the couples had knowledge regarding at least one spacing method of contraception [20].

Contraceptive practices

In the present study, 52% couples were used any type of contraceptive measures out of which 27.6% condom, 19.6% IUD, 16.0% OCP and only 8% used female sterilization. 8.9% were using injectable. Similar study had been done in a colony of East Delhi by Saini et al found that contraceptive prevalence rate is 53.5% out of which 33.9% using condom, 15% using IUD, 20.9% using OCP and 28.6% undergone tubectomy [18]. In the present study, 52% couples were using modern contraceptive methods but NFHS-3 data showed over all use of contraception was 58% [21].

Husband's attitude towards contraceptive practice

Husband's attitude towards contraceptive use play a major role in deciding whether the women will use contraceptive or not. in the

present study among the women who had ever used contraceptives, 80.3% females have encouraging attitude towards contraceptive use, while among the women who never had never used contraceptive, husbands of only 10.6% females showed encouraging attitude while 73.7% showed discouraging attitude ($p=0.001$). Similar study was done by Pal et al among never user about 78.5% women's husband discouraged for contraceptive use while 78.7% ever user women's husband showed encouraging behaviour [22].

CONCLUSION:

The total demand for modern contraceptive methods in the study area was found to be high. Though contraceptive use was high, the uses of long-acting methods like IUCD and permanent methods were seen to very low. Woman's age, number of children alive, couple's intention for more children and discussions about contraceptive use among the couple were significantly associated with demand for modern contraceptives among women. Therefore, any program aimed at promoting family planning at the district level should look for ways and means of increasing demand for modern contraceptive methods in the study area. Service providers in the district should also provide necessary information regarding all methods of contraceptives to minimize fears that exist among women particularly on long-acting and permanent methods of family planning. Male involvement should be encouraged as couples' discussion on family planning affected its utilization in the study area.

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