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Dr. Kanika Sharma
M.B.B.S. M.S. O.B.G.,
Department of Obstetrics and
Gynecology, Civil Hospital,
Nadaun, Distt. Hamirpur,
Himachal Pradesh, India

Dr. Abhey Minhas
Department of Surgery,
I.G.M.C. Shimla, Himachal
Pradesh, India

Contraceptive usage and preferences among young married women in Himachal Pradesh

Dr. Kanika Sharma and Dr. Abhey Minhas

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Abstract

Background: In India, there has been a population explosion in the last century, the most common method of contraception in India is female sterilization. With the increasing literacy rate, there should have been a shift towards reversible methods of contraception among females. This paper describes the use and preferences of contraceptive methods among young married women in rural parts of Hamirpur district in Himachal Pradesh, India.

Subjects and Methods: A hospital-based cross-sectional survey was carried out among 100 young married women (18–28 years) between September 2020 and March 2021. Statistical analysis was mainly descriptive.

Results: The average age at marriage for women was 21.5 years, and 23% of women had more than one child. Current use of any contraceptive method (traditional and modern) was 85%. Female sterilization was preferred by 12.94% and it was significantly higher among women aged 25–28 years than in those aged 18–24 years. Women were mostly in favor of female sterilization (80%), and traditional methods like withdrawal and coitus interruptus were widely used and preferred.

Conclusion: A considerable number of females in the age group 25–28-years opting for sterilization. There is a preference for female sterilization when the family size is complete which shows the predominant reliance on female sterilization among young women. Higher education delays sterilization in young women due to delayed marriage and childbirth. Women empowerment, proper information and assuring availability and accessibility to different methods can gradually change the dominant preference for female-oriented permanent method of contraception.

Keywords: contraception, female sterilization, contraceptive preferences

Introduction

Family planning program was first implemented in India in 1952 to control the rapid growth in Indian population and the resulting poverty^[1, 2]. Male sterilization was widely implemented throughout the country in 1970s, but towards late 1970s the focus was shifted to female sterilization^[2]. Until the mid 1990s, all programs were focused exclusively on females, either through incentive based programs or sterilization targets^[3]. In 1998, the cafeteria method, which focused on informed choice model of services was introduced and is currently being followed². The choice of contraceptive usage in Indian females, depends upon personal, interpersonal, partner related, service related or method related^[4]. In rural India, there is a very high rate of unmet contraceptive needs, mainly due to limited choices and access to family planning services, religious reasons, fear of adverse effects.

At present, the most common method of contraception in India is female sterilization⁴. The choice of contraceptive method was found to be related to level of education, occupation and religion^[2]. There is a lack of information regarding temporary methods like Intra-uterine devices and less affordability and accessibility to other modern methods. Many myths are prevalent in society regarding vasectomy like “vasectomy makes a man physically weak”, “vasectomy leads to reduces libido”, which have led to societies disapproval of vasectomy as a method of contraception. The ground level health workers in India are promoting female oriented methods as well. All of these reasons have made female sterilization as the go-to method for contraception.

In Himachal Pradesh, the educational status is highest in Hamirpur district. It is a question of interest as to whether educational status influences the contraceptive preferences of young married women (18-28 years old) in Hamirpur district. In this paper, the methods and patterns of contraceptive use, decision on the size of family, and reasons for a particular method when

Corresponding Author:
Dr. Kanika Sharma
M.B.B.S. M.S. O.B.G.,
Department of Obstetrics and
Gynecology, civil Hospital,
Nadaun, Distt. Hamirpur,
Himachal Pradesh, India

family is complete are studied.

Method of Study

This study is based on a hospital based cross-sectional survey carried out in Civil hospital Nadaun, district Hamirpur, Himachal Pradesh in the Obstetrics and Gynecology department between September 2020 and March 2021. Young married women aged 18-28 years, visiting the out patient department with various ailments or as attendants of the patients were informed about the study and after verbal consent, a general discussion based survey was done on 100 such females. The objective of the survey was to gather information on the extent to which young married women are aware of and are able to exercise their rights on their reproductive health. Open and closed ended questions were asked in Hindi and participants were assured about the voluntary nature of participation and privacy and confidentiality. The survey was completed till data was collected from 100 participants. Data was collected and analyzed via descriptive statistics.

Results

Reproductive characteristics of the women are listed in Table 1. The average age at marriage was 21.5 years, and the main difference of age at marriage and first child birth was 1.6 years.

Table 1: age distribution of study population:

Characteristics	Mean	Range
Age at marriage(n=100)	21.5	16-28
Age at first child birth (n=78)	22.6	17-27
Age at most recent birth (if more than one child) (n= 23)	25.3	20-27

23% women had more than one child, and the difference in average age at first child and the birth if second child was only 2.7 years (n=23). Only 12% women (n=12) were neither pregnant nor were having any child. Most of the women reported that ideal age difference between 2 children was 3-5 years, and 80% of women who had more than one child were physically and emotionally comfortable with the age gap

Table 4: Reasons for current non-use of contraceptive methods (n=15):

Reason given	No.	Percentage
Husband is living elsewhere, sexual relations are infrequent	7	46.6%
Trying to become pregnant	2	13.3%
Husband/ family's disapproval	4	26.66%
Fear of side effects	2	13.33%

In rural Himachal, most of the men are working either in the armed forces, or in industrial areas in other states, hence, the married couples cohabit infrequently. This is a major reason for non-usage of any method of contraception (46.6%). 13% of these women, had fear of side effects from using any contraceptive, and around 27% stated that either husbands or their in-laws especially mother in law disapproved of contraceptive usage.

The opinion of women on factors influencing use of contraception and the number of children were taken. All of the women agreed that their own and their partner's wishes were a factor determining their reproductive health. Societal perceptions and misconceptions regarding side effects of certain contraceptive methods, particularly IUDs was a major factor for 92% women. Ease of use and availability was another important factor.

between their children.

Table 2: reproductive characteristics of women and their opinions

Characteristics	Frequency	%
Number of children		
One	55	55
Two	21	21
More than two	2	2
None	12	22
Ideal age difference		
<2 years	14	14%
3-5 years	56	56%
>5 years	30	30%
Multiparas comfortable with the age difference between their children		
Physically and emotionally comfortable	80	80%
Uncomfortable	20	20%

Table 3: The use of different contraceptive methods at the time of study

Method	Frequency	Percentage
No contraception	15	15%
Any method – traditional/ modern :	85	85%
Withdrawal method	38	44%
Rhythm method	12	14.1%
IUD/Cu-T	3	3.5%
Male condoms	18	21.7%
Tubal occlusion	11	12.94%
Oral contraceptive pills	3	4.1%

In our study group, 85% of women were using some kind of contraception method, either traditional or modern. Out of these 85 women, 12.9% had opted for tubal occlusion, 44% were following withdrawal method. Only 3.5% had opted for intra-uterine devices. 15 women were not using any contraceptive method presently. The main reason for not using any method was less availability and fear of side effects. Out of the modern methods of contraception, male condoms were the most preferred reversible method used.

Table 5: factors affecting choice of contraception:

Factor	No.	Percentage
What are the factors determining the choice of contraception?		
Own decision	100	100%
Husbands opinion	100	100%
Family's opinion	32	32%
Perception regarding safety of a method	92	92%
Ease of use and availability	87	87%

Women were mostly aware about their financial status and physical health while deciding for the number of children. The desire for a son, was also a governing factor for this decision in 43% women. Family's pressure and societal norms also influenced this decision.

Table 6: factors determining the size of family:

Factors	No.	Percentage
Own health	100	100%
Financial status	100	100%
Family pressure	56	56%
Societal norms	43	43%
Accessibility to family planning services	21	21%

The most preferred method once the family is complete was also asked. The reasons for preferring a particular method were also asked. Most common answer was female sterilization, and the reason for preferring it was surety of the method, and no side effects related to it. Women also mentioned that they preferred it alongside if a cesarean delivery was being done.

Table 7: Preferred contraceptive methods once family is complete and the reasons:

Method referred	Reasons
Tubal ligation/ female sterilization	1) Surety of the procedure (80%)
	2) No side effects (80%)
	3) Most aware of this method (62%)
	4) No follow up needed (51%)
	5) Can be done with cesarean section
Intrauterine devices	1) Easy and reversible (21%)
	2) No stress of using it during each intercourse unlike condoms (34%)
Male condoms	1) Easily available (90%)
	2) More awareness (87%)
	3) No side effects (67%)
	4) No need to consult doctor (56%)
Natural methods	1) Easy to use (56%)
	2) No side effects (87%)
	3) No need to consult a doctor (45%)

Discussion

The acceptance or denial of any contraceptive method is dependent on individual, family and community related factors. This paper provides data on the usage of contraceptive methods preferred by young married women, and the reason behind choosing a particular method. The literacy rate among these women is 100%, despite this, women are using traditional methods of contraception only. There was only one choice of permanent female sterilization for majority of females once the family is complete. The decision is mostly taken by the husband, and greatly influenced by the in laws mainly the mother in law.¹⁴ According to National Family Health Survey -3, the usage of modern contraceptives among 20-24 years old married women were 14.9%^[12]. In the present study, current usage of modern reversible contraceptive methods was 24% and permanent methods was 11% among 18-28 years old married women. In our study, 1 out of 10 women were sterilized. All of them were in 25-28 years age group. Marriage at early age and delivery in short intervals can lead to choosing sterilization at a very young age^[2].

The pattern of contraceptive use in India is very different. There are many countries where the prevalence of female sterilization among 15-49 years old women is <5%, but in India there is a high prevalence of female tubal ligation. United Nations Population Division – world Contraceptive use data 2014-16 was compared with the findings of our study^[16]. Dominical republic has the highest prevalence of female sterilization (40.7%), followed by El Salvador (37%), Mexico (36.2%) and India (36%). Nepal has the highest prevalence of vasectomy (4.7%) but in India it is only 0.3%. this may be due to a highly patriarchal society and prevalence of myths like “vasectomy

makes a man weak” and “leads to decreased sexual desire”. The use of pills is high in Zimbabwe (43.9%) and in Portugal (48.3%) but only 4.1% in India. The contraceptive use pattern correlates with the overall use of contraceptives in Indian women aged 15-49 years.

In this study 96% (48 out of 50) women who were using only traditional methods reported, that the reason for non usage of any reversible method was fear of side effects and the need to be prepared before each intercourse. Females were particularly hesitant towards using intra-uterine devices for fear of side effects like “pain during menstrual cycle” and “fear of having a foreign body inside them”. Even in a highly educated society, women have fears and inhibitions regarding use of IUDs and injectables which are highly effective. This warrants the need for consideration by health authorities and need to ramp up informative and educational advertisements for these contraceptives.

If the traditional method fails, the women either go for abortion or continue with the pregnancy, even if there is short interval between pregnancies. Both can affect the health of women. In the post partum period, 70% women reported that they were sexually active within 6 months of child birth. 46% had resumed menstruation within 12 weeks, but the use of contraception in this period was only 23%^[17].

Highly educated women who get married late, are mostly trying to conceive, therefore the usage of contraceptive is less. The women who get married early, usually have one or two children before 28 years of age, and once the family is complete mostly, opt for permanent sterilization. A study on determinants of contraceptive use before first pregnancy mentioned that the use significantly increased if the female had a higher level of education^[18]. Chaurasia *et al* reported that with higher level of education and better living standards, the use of modern spacing methods increased^[19].

More than 80% of women in our study reported that they prefer permanent tubal sterilization once the family is complete. The reason for preference of tubal ligation was, its safety, surety and wide acceptability in the society. Arora *et al* mentioned that young rural women preferred tubal sterilization because of lack of information and misinformation about temporary methods of contraception^[6]. NFHS-3 mentioned that majority of women who preferred tubal ligation, never used any other method of contraception before that^[20].

A wide no. of females of age group 25-28 years opting for female sterilization and the unique preference for female sterilization when family size is complete shows reliance on this method. There is lack of information and motivation for vasectomy and reversible methods. The economic impact should also be considered for promoting reversible methods. Women empowerment through proper information and counseling regarding available reversible contraceptives can be used to change preference for female sterilization.

Conclusion

A considerable number of married females in the age group 18-28 years particularly in 25-28 years age group opt for sterilization. This preference for female sterilization when the family size is complete shows the reliance on female sterilization among young women and their families. Higher education delays sterilization in young women due to delayed marriage and childbirth. Women empowerment through proper information regarding modern reversible methods of contraception and assuring availability and accessibility to these different methods can change the dominant preference for

female-oriented permanent method of contraception.

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