

# Study of socio-demographic profile and contraceptive use among married women attending an Urban Health Centre, Berhampur

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## Abstract

**Introduction:** The higher fertility in India is attributed to early marriage, low level of literacy, poor level of living, limited use of contraceptives and traditional ways of life. Family planning plays a key role in deciding the desired family size and effective limitation of fertility. **Objectives:** 1) To study the socio-demographic profile of married women of reproductive age group attending anganwadi centres 2) To assess knowledge and practice of contraception among them 3) To find out the unmet need of contraception. **Materials and Methods:** A cross sectional study was conducted from May to July 2014 among married females between 15-45 years attending any of the six Anganwadi centres under the Urban Health Centre, Ankuli, Berhampur. 224 participants were interviewed in local language using a predesigned and pretested questionnaire **Results:** 58.58% of the women were between 20-30 years and lived in nuclear families (65.6%). 29% had history of induced abortion. Most common reason of induced abortion were cited as unintended pregnancy (48.45) followed by complete family size (37.8%). Awareness about OCPs and female sterilisation was 96.9% followed by Condom (90.3%). Major source of information on contraception were through friends and relatives (47.5%) followed by husband (41.4%). Contraception was practiced by 48% of the respondents. Majority of them (26.8%) were OCP users followed by condom (8%). Use of contraception was mutually decided by the couples (99%). The unmet need of contraception was found to be 34.3%. **Conclusion:** Awareness about contraceptives is not sufficient for its actual use in this community for which new ways of motivating people to adopt and sustain family planning methods should be considered.

**Keywords:** Family Planning, Knowledge, Practice, Unmet Need

## Introduction

With only 2.4% of the world's land area, India is supporting about 17.5% of the world's population [1]. India's population is rapidly growing at the rate of 16 million each year [2]. Global total fertility rate is 2.5 ranging from 1.7 for industrialised countries and 2.9 for developing countries to 4.1 for least developed countries. Fertility rates depend on numerous factors. The higher fertility in India is attributed to universality of marriage, early age at marriage, low level of literacy, poor level of living, limited use of contraceptives and traditional ways of life [1]. According to the NFHS

(2005-2006), nearly 21% of pregnancies are either unwanted [3]. During 2010-11, 620472 MTPs were performed by 12510 approved institutions in the country [4]. In such a scenario family planning plays a key role in deciding the desired family size and effective limitation of fertility once that size has been reached. But the NFHS-3 survey (2005-2006) indicated that the unmet need for FP in India was 13% with 6.2% for spacing and 6.6% for limiting respectively [3]. The factors that influence contraceptive practice are multifaceted and challenging. It is evident that most women's knowledge and use of contraception is associated with socio-demographic, socio-cultural, socio economic factors and their source of information

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which are also contributors of high fertility rates [1,4]. Female literacy, age at marriage of girls, status of women, strong son preference, and lack of male involvement in family planning, are also considered as significant factors [1,4]. Considering the above factors, the present study was conducted with objectives: 1) To study the socio-demographic profile of married women of reproductive age group attending anganwadi centres 2) To assess knowledge and practice of contraception among them 3) To find out the unmet need of contraception from the sample and identify factors that are associated with not using any method of contraception.

## Materials and Methods

**Type of Study:** A community based cross sectional study was conducted from May to July 2014 among married females between 15-45 years serving as inclusion criteria, while unmarried, widows, divorced and pregnant women were excluded. The questionnaire consisted of demographic characteristics including age, marital status, level of education, employment, family background and obstetric history. The knowledge and

practice of different methods of contraception were also assessed.

**Place of Study:** Anganwadi Centres under the Urban Health Centre, Ankuli, Berhampur.

**Study Population:** Six anganwadi centres located in Harijana Sahi, Nua Sahi, Bada Sahi, Dhoba Sahi, Jalaswara Khandi and Kumbharapalli come under the Urban Health Centre, Ankuli which is in the field practice area of department of Community Medicine, MKCG Medical College, Berhampur. Immunisations are conducted in these anganwadi centres on alternate fixed immunisation days i.e. on Wednesdays. Daily 10-12 women visit the anganwadi centres for different health ailments. A sample of 227 eligible participants were drawn on the immunisation days of these six anganwadi centres depending on the patient load and interviewed in local language using a predesigned and pretested questionnaire after taking their informed consent.

**Statistical Analysis:** The participants' responses to the questions were analysed and data were expressed as proportions and percentages.

## Results

A total of 227 married women participated in the study among the study subjects, 99% were Hindu by religion. More

**Table No-1: Socio -demographic profile of study Respondents.**

Variable	Number	Percentage (%)
Age		
0-30	133	58.5
30-40	76	33.4
>40	18	7.9
Religion		
Hindu	225	99.1
Muslim	2	0.9
Christian	--	--
Type of family		
Nuclear	149	65.6
joint	78	34.3
Literacy rate		
Illiterate	41	18
Primary	58	25.5
Secondary	69	30.3
Higher secondary	32	14
Graduate and above	27	11.8
Occupational status		
Housewife	216	95.1
Working	11	4.9
Socioeconomic status		
Lower middle	172	75.7
Upper lower	49	21.5
Lower lower	6	2.8

than half of them belonged to younger age groups i.e. between 20-30 years (58.5%) and lived in nuclear families (65.6%). 18% of the women were illiterate. Majority of them were housewives (95%) and belonged to lower middle socio-economic status (75.7%) as calculated by Modified Kuppaswami Scale (Table No-1).

About 20.7% were married before their eighteenth birthday and 34.3% women had their first pregnancy before twenty years of age. 53.7% of the women already had completed their family with two or more children. 29% had history of induced abortions majority of which was medical abortion. Most common reason for induced abortion were cited as unintended pregnancy (48.45) followed by completed family size (37.8%). (Table No-2)

**Table No-2: Marital and Obstetric history of the study participants.**

	Number of responses	Percentage
Age at marriage		
<18	47	20.7
>18	180	79.2
Duration of marriage		
<5yrs	37	16.2
6-10yrs	69	30.3
>10yrs	101	44.4
Age at first pregnancy		
<20	52	22.9
20-30	78	34.3
30-40	140	64.8
Number of children		
0	09	3.9
1	96	42.2
2-3	118	51.9
>3	4	1.7
Abortion history		
Yes	93	40.9
No	134	59
Cause of induced abortion		
Unplanned pregnancy	32	48.4
Socioeconomic factor	4	6
Family complete	25	37.8
Contraceptive failure	3	4.5
Medical condition	2	3

Most of the women (96.9%) were aware about one or other methods of contraception. Majority of them aware about OCPs (96.9%) and Condom (90.3%) as temporary methods of contraception and female sterilisation as permanent method of contraception were known to 96.9% of them.

Major source of information regarding different methods of contraception were through friends and relatives (47.5%) followed by husband (41.4%) (Table No-3)

Contraception was practiced by 48% of the respondents. Majority of them (26.8%) were OCP users followed by condom (8%). 18 out of 61 (29.5%) OCPs users used it inconsistently.

Male sterilization was not practised at all. 3.9% of the study participants used abstinence, coitus interruptus and safe period as natural methods of contraception. 99% of the couples mutually decided to adopt any one form of contraceptive methods. (Table No-4)

**Table No-3: Awareness and Source of Knowledge of contraception.**

	Response	Percentage
Awareness		
yes	220	96.9
No	07	03
Methods known*	205	90.3
Condom	220	96.9
OCP	34	14.9
ECP	110	48.4
IUCD	39	17.1
Injectable	32	14
Male sterilization	153	67.4
Female sterilization	220	96.9
Source of knowledge*		
husband	94	41.4
doctor	18	7.9
Health worker	57	25.1
Friends and relatives	108	47.5
Magazine and newspaper	32	14
Media, Television & radio	42	18.5

\*=Multiple Response

**Table No-4: Contraceptive Practice among respondents.**

	Response	Percentage
Contraceptive practice		
Yes	109	48
No	118	51.9
Methods used		
condom	19	18.3
OCP	61	26.8
ECP	5	2.2
IUCD	3	1.3
Injectable	-	-
Natural methods	9	3.9
Male sterilization	-	-
Female sterilization	12	5.9
Decision maker(N=109)		
Self		
Husband		
Mutual		
Any other family members		

About 34.3% of women who were not using any methods of contraception did not have any desire to have children and major cause of non-use of any contraception was due to fear of side-effects (38%).

The unmet need of contraception was found to be 34.3% out of which 11% was for spacing and 23.3% for limiting. (Table No-5)

**Table No-5: Reasons behind non-use of contraception.**

	Response	Percentage
Desire for child among Non users		
Yes	40	17.32
No	78	34.36
Reasons for no use		
Unaware Myth	7	5.9
Fear of Side-effects	45	38.1
Family pressure	16	13.5
Does not want to use	24	20.3
Side-effects	71	5.9
Husband Stays away	9	16
Unmet need		
Spacing	25	11
Limiting	53	23.3

## Discussions

The current study was conducted to study the socio-demographic profile and contraceptive use among married women attending an urban health centre. More than half of them were between 20-30 years (58.5%) and 99.1 % belonged to Hindu family. Majority of them had a secondary education (30.3%) followed by primary education (25.5%). 18% of the women were illiterate. In an observational study conducted by Arti Sharma et al in the outpatient clinic of OBG Department of SGRR Medical College, Dehradun, Uttarakhand, India in 2013 found that 56.8% of women were in the age group of 26–35 years and 78.44% women belonged to Hindu religion. Totally, 81.89% women were housewives and 75.8% women had parity of more than two [5].

As per this study 20.7% were married before the age of 18 and about 34.3% women had their first pregnancy before 20 years of age. 53.7% of the women already had completed their family with two or more children. 29% had history of induced abortion mostly terminated medically. Most common reason for induced abortion were cited as unintended pregnancy (48.45) followed by completed family size (37.8%). Anupama Bahadur et al in their cross-sectional study conducted among women requesting an abortion in 2007 in the Family Planning Clinic at AIIMS, New Delhi found that the mean parity of the women were 2.8 (range 1–6, SD  $\pm$  0.9). 34% of them reported a previous abortion in the preceding 2 years. The reasons cited for terminations of pregnancy were unplanned pregnancy (32.8%), inadequate income (24.6%), family complete (20.3%) and contraceptive failure (22.3%) [6]. However Ramesh Holla et al in a registry-based retrospective study carried out at a

tertiary care teaching hospital in Mangalore (2011-2012) among women seeking medical termination of pregnancy (MTP) observed medical reasons as the major reason for undergoing MTP (39.3%), followed by unplanned pregnancy(34.8%) [7] in contrary to the findings of another hospital-based Cross sectional study conducted by Shipra Gupta et al found the reasons for undergoing MTP by these women were “family size completed” in 63%, “previous baby too young” in 20%, “economic reason” in 18%, and “contraceptive failure” in 9% [8]. Majority of the women (96.9%) in the present study knew about one or other methods of contraception. OCPs and female sterilisation were known to 96.9% of the women followed by Condom (90.3%). The information regarding various methods of contraception mostly came through friends and relatives (47.5%) followed by husband (41.4%). A study conducted in rural population between 2005 to 2007 by Sunita Ghike et al in Nagpur, Maharashtra had found that 67.5% of the women were aware about temporary methods of contraception mostly Cu-T (67.1%) followed by condom (57.9%) while 100% were aware about permanent methods. Media i.e .television and radio were the major source of knowledge (70%) [9]. In the present study 48% of the women practised any one method of contraception. Majority of them (26.8%) were OCP users followed by condom (8%). 18 out of 61 (29.5%) OCPs users used it inconsistently. 99% of the couples mutually decided to adopt any one form of contraceptive methods. A community based cross sectional study conducted by Kiran K Makade et al in Mumbai had found that couples who were using contraceptives, the practice was maximum for OCPs

(28.07%) followed by condoms (18%). In 41.45% cases decision about family planning was taken mutually by the husband and wife; in 30.77% cases taken independently by the husband, in 26.07% cases by the wife and in 1.71% cases by in-laws. Male sterilization was not practised at all in both the studies [10]. In this study about 34.3% of women who were not using any methods of contraception did not have any desire to conceive reflecting the unmet need of contraception of which 11% was for spacing and 23.3% for limiting. Major cause of non-use of any contraception was due to myth/fear of adverse/ side-effects (38%). According to a cross-sectional study conducted by Mallini M Battathiry and Narayanan Ethirajan in urban Tamil-Nadu (2008-2009) found the prevalence of unmet need for FP was 39%, with spacing as 12% and limiting as 27%. The major reason for unmet need for FP was 18% for low perceived risk of pregnancy, 9% feared the side effects of contraception, 5% lacked information on contraceptives, 4% had hus-bands who opposed it and 3% gave medical reasons [11].

**Conclusion:** The results clearly indicate that awareness about contraceptives is not sufficient for its actual use in this community for which more efforts are needed to make people aware for practical use of these methods. New ways of motivating people to adopt and sustain family planning methods should be considered. Converting knowledge into practice is the real challenge for India as far as family planning is concerned. So understanding how choices regarding family planning are made based on socio-economic, socio-cultural and socio-demographic factors will help in accelerating the process of fertility decline. Special emphasis should be given on post-abortion contraception, IUD, vasectomy and emergency contraceptives.

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