

Acceptance of Contraceptive Methods by Antenatal Mothers Attending Antenatal Sessions in Tea Garden Area, Cachar District, Assam

Debojit Chutia¹, Pushpita Barman²

¹Department of Community Medicine, Silchar Medical College and Hospital, Silchar, Assam, India.

²Department of Community Medicine, Diphu Medical College and Hospital, Diphu, Assam, India.

ABSTRACT

BACKGROUND

Family planning through contraception offers a positive view of reproductive life and well-being. It allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. We wanted to assess the awareness and practice patterns of family planning among the tea garden antenatal mothers attending the antenatal sessions in Cachar district.

METHODS

A community-based cross-sectional study was carried out among 200 antenatal mothers attending the antenatal sessions in 4 tea garden areas under Dholai BPHC, Cachar District for 6 months from June 2018 to November 2018. Data was presented as proportion, mean and standard deviation.

RESULTS

Among 200 antenatal women, majority (38.5 %) were 20 - 24 years of age, 98 % were Hindu by religion, and 56 % belonged to class IV socioeconomic class. Regarding educational status, 34.5 % were educated up to primary school, while 33.5 % were illiterate. Out of 200 participants, only 49 % (98) were aware of contraception. Health worker was reported to be their main source of information. Among those who were aware of contraception (n=98), only 45.9 % used contraceptive. Regarding the reason for not using contraception among women who did not use contraception, desire for children was the main reason (75.5 %).

CONCLUSIONS

In the present study, there is a low level of awareness of family planning methods and among those who were aware (n=98) of contraception, less than half had history of usage of contraception. So, there is a need to focus on both awareness and motivation of couples to increase the utilization of family planning services.

KEYWORDS

Contraceptive Methods, Antenatal Mother, Tea Garden, Cachar District

Corresponding Author:

*Dr. Pushpita Barman,
Assistant Professor,
Department of Community Medicine,
Diphu Medical College and Hospital,
Diphu, P. O. Diphu – 782460,
Assam, India.
E-mail: pushpitabarman2410@gmail.com*

DOI: 10.18410/jebmh/2020/414

How to Cite This Article:

*Chutia D, Barman P. Acceptance of
contraceptive methods by antenatal
mothers attending antenatal sessions in
tea garden area, Cachar district, Assam.
J Evid Based Med Healthc 2020; 7(37),
1989-1993. DOI:
10.18410/jebmh/2020/414*

*Submission 15-06-2020,
Peer Review 21-06-2020,
Acceptance 20-07-2020,
Published 14-09-2020.*

*Copyright © 2020 JEBMH. This is an
open access article distributed under
Creative Commons Attribution License
[Attribution 4.0 International (CC BY
4.0)]*

BACKGROUND

Family planning is regarded as an important preventive measure against maternal and child mortality and morbidity by allowing couples to attain their desired number of children and plan the spacing and timing of their births. It is achieved through the use of contraceptive methods. In spite of availability of a wide range of contraceptive methods and mass media campaigns and information, education and communication programme, the population control in India remains a distant dream to achieve. Now, India is the second most populous country in the world. India's population growth rate is a matter of great concern.¹

Family planning services also have a direct impact on maternal health. It can reduce maternal mortality by reducing the number of pregnancies, the number of abortions, and the proportion of births at high risk.²

Though the Government of India launched a National Family Welfare Program way back in 1951 to accelerate the economic and social development by reducing the population growth, the program could not achieve the expected success with an obvious reason – multi-linguistic, multi-religious, and multi-ethnic nature of the Indian population.¹

The unmet need of contraception i.e. the gap between women's reproductive intention and their contraceptive behaviour is still high in India.³ A lack of knowledge of contraceptive methods or a source of supply, cost and poor accessibility are the barriers that exist in developing countries.⁴

It has been estimated that meeting women's need for modern contraceptives would prevent about one quarter to one-third of all maternal deaths, saving 140,000 to 150,000 lives a year.⁵ The overall result of contraceptive use is responsible parenthood, controlling population and improving quality of life of people.⁶

National family health survey (NFHS-4), of India revealed that 99 % of all currently married women aged 15-49 years know at least one modern method of contraceptive. However, only 53.5 % of all currently married women aged 15 - 49 years reported current use of any method of contraception, 47.7 % used at least a modern method (51.2 % in urban and 46% in rural area) and 5.8 % used at least a traditional method.⁷

In Assam, 37 % of all currently married women age 15 - 49 reported the current use of any modern method of contraception, 38.4 % in urban and 36.8 in rural area.⁸ Invariably, it shows that the prevalence of use of contraceptive in married women is low in India and particularly in Assam.

Antenatal period is an important aspect for family planning awareness as a pregnant woman is likely to be most receptive for contraception usage in the postpartum period.¹ So, this study was undertaken with the objective to assess the awareness and practice patterns of family planning among the Tea garden antenatal women attending the antenatal sessions in Cachar district.

METHODS

A community based cross-sectional study was carried out among antenatal mothers attending the antenatal sessions in 4 Tea Garden areas under Dholai BPHC, Cachar District for 6 months from June 2018 to November 2018. Taking the prevalence of contraceptive use in Assam in currently married women 37 %, taking 7 % absolute error and 95 % Confidence Interval, the sample size was calculated to be 190; which was rounded up to 200.

Pregnant women with gestational period 12 - 20 weeks residing in Tea Garden area under Dholai BPHC and attending ANC clinics were interviewed using a pre-designed and pre - tested proforma. Number of pregnant women included from each tea garden was determined by using proportional allocation. In each of the tea garden, the pregnant women attending ANC clinics were included consecutively until the required number of study subjects was obtained.

Exclusion Criteria

Pregnant women not willing to respond even after requesting and severely ill were excluded from the study.

Ethical Consideration

Informed verbal consent was obtained from the study participants prior to the enrolment in the study. Ethical clearance was obtained from the Institutional Ethics Committee of Silchar Medical College prior to commencement of the study.

Study Tool

Pre-designed pretested questionnaire. Socioeconomic status of the antenatal woman was assessed by using updated BG Prasad Socioeconomic Classification, 2018.⁹

Statistical Analysis

Data was entered and analysed by SPSS V-16.0. Data were presented in proportion, mean and standard deviation. Association was seen by using Chi-square test.

RESULTS

In the present study, 200 pregnant women were studied. The socio-demographic profile of the study population is shown in Table 1. Majority (38.5 %) of them were in 20 - 24 years of age with the mean age 24.36 ± 4.63 years of age. More than half, i.e. 98 % were Hindus, 56.5 % were from Nuclear family and 56 % belonged to Class IV socioeconomic class. Regarding the educational status, 34.5 % were educated up to primary school while 33.5 % were illiterate. 54.5 % and 45.5 % were multigravida and primigravida respectively.

Sociodemographic Characteristics		Number	Percentages
Age	<20	40	20
	20-24	77	38.5
	25-29	53	26.5
	>30	30	15
Caste	General	29	14.5
	OBC	86	43
	SC	83	41.5
Religion	ST	2	1
	Hindu	196	98
Type of family	Muslim	4	2
	Joint	87	43.5
Education	Nuclear	113	56.5
	Illiterate	67	33.5
	Primary school	69	34.5
	Middle school	41	20.5
Socioeconomic Status	High school	22	11
	Higher secondary	1	0.5
	II	5	2.5
Parity	III	24	12
	IV	112	56
Parity	V	59	29.5
	Primigravida	91	45.5
	Multigravida	109	54.5

Table 1. Sociodemographic Characteristics of Pregnant Women (n=200)



Figure 1. Awareness of Contraceptive (n=200)

Source of Awareness	Number	Percentage
1. Health worker	77	78.6
2. Mass media	17	17.3
3. Husband	2	2
4. Relative	2	2

Table 2. Source of Awareness (N=98)

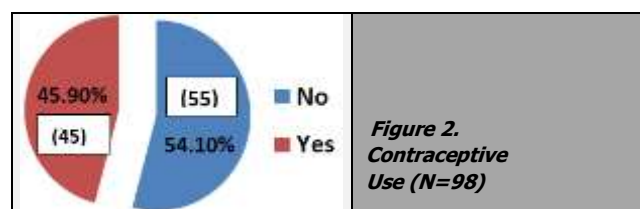


Figure 2. Contraceptive Use (N=98)

Pattern of Contraceptive Practices		No. (%)
1. Contraceptive Methods	Condom	9 (20)
	Oral Contraceptive Pills	33 (73.3)
	Intra Uterine Contraceptive Devices	3 (6.7)
2. Source of Contraceptives	Govt.	35 (77.8)
	Private	2 (4.4)
	Pharmacy	8 (17.8)

Table 3. Contraceptive Practices (N=45)

Figure 1 and Table 2 shows the awareness of contraception and source of awareness. Out of 200 participants, only 49 % (98) were aware about contraception. Health worker was reported to be their main source of information (78.6 % respondents), followed by Mass media (17.3 %). Other sources of information were husband (2 %) and relatives (2 %). Among those who were aware about contraception (n=98), only 45.9 % used contraceptive (Figure 2). Oral contraceptive pill was the most accepted method (73.3 %) while IUCD was least accepted method (6.7 %). Those who are using contraceptives, majority (77.8 %) were taking from Government source followed by Pharmacy (17.8 %) (Table 3).

Regarding the reason for not using among women who did not use contraceptive, desire for children was the reason

of majority (75.5 %) followed by objection of husband (11.3 %) and fear of side effects (5.7 %) (Table 4).

Reasons of Not Using Contraceptives	No. (%)
Desire for children	40 (75.5)
Fear of S/E	3 (5.7)
Objection of Husband	6 (11.3)
Objection of family	1 (1.9)
Don't know where to get service	2 (3.8)
Others	1 (1.9)

Table 4. Reasons of Not Using Contraceptives (N=53)

Variables	Awareness of Contraceptives		Total	P Value
	Not Aware No. (%)	Aware No. (%)		
1. Age group (in years)	<20	25 (62.5)	15 (37.5)	0.32
	20-24	38 (49.3)	39 (50.7)	
	25-29	23 (43.4)	30 (56.6)	
	≥ 30	16 (53.3)	14 (46.7)	
2. Educational status	Illiterate	48 (71.6)	19 (28.4)	0.00*
	Primary school	23 (33.3)	46 (66.7)	
	Middle school	18 (43.9)	23 (56.1)	
	High school and above	13 (56.5)	10 (43.5)	
3. Socioeconomic status	II	2 (40)	3 (60)	0.77
	III	11 (45.8)	13 (54.2)	
	Iv	50 (44.6)	56 (55.4)	
	V	33 (55)	26 (45)	

Table 5. Awareness of Contraceptives among Antenatal Mothers According to Age, Educational Status and Socioeconomic Status (n=200)

*p value<0.05 at 95 % CI is considered significant

Variables	Use of Contraceptive		Total	P Value
	No No. (%)	Yes No. (%)		
1. Age group (in years)	<20	13 (86.6)	2 (13.4)	0.03*
	20-24	23 (59)	16 (41)	
	25-29	11 (36.6)	19 (63.4)	
	≥ 30	6 (42.8)	8 (57.2)	
2. Educational status	Illiterate	14 (73.7)	5 (26.3)	0.18
	Primary school	25 (54.3)	21 (45.4)	
	Middle school	10 (43.5)	13 (56.5)	
	High school and above	4 (40)	6 (60)	
3. Socioeconomic status	II	2 (66.6)	1 (33.4)	0.81
	III	8 (61.5)	5 (38.5)	
	Iv	27 (48.2)	29 (51.8)	
	V	16 (61.5)	10 (38.5)	

Table 6. Contraceptive Practices among Antenatal Mothers Who were Aware According to Age, Educational Status and Socioeconomic Status (n= 98)

*p value<0.05 at 95 % CI is considered significant

Illiterate mothers were found to be less aware than literate mothers and association was significant. Mothers belonging to higher socioeconomic status were found to be more aware than those belonging to lower socioeconomic status. But no significant association of awareness among mothers was found with socio-economic status and age group (Table 5).

Association of contraceptive practices among antenatal mothers who were aware with age, educational status and socioeconomic status is shown in Table 6. Rate of contraceptive use among mothers who were aware was found to be increased significantly with increase in age. There was no significant association of contraceptive use with educational status and socio-economic status though rate of contraceptive use was increasing with higher educational status.

DISCUSSION

Contraceptive use has increased in nearly every country in recent decades.¹⁰ It was interesting to assess the acceptance of contraceptives among antenatal women of tea garden.

In this study, we found that only 49 % of antenatal women are aware about the contraceptive and the most common informants to the women were Health worker (78.6 %). This showed a low level of awareness of family planning methods which is not in accordance with the study of Murugesan A et al³ and findings of NFHS4.⁷ Social media followed by health care providers were the most common source of information in the study done by Kokane AM et al¹¹ which is somehow similar to our study findings. There is therefore need to emphasize on awareness about contraceptive with a view to improving utilization.

Among those who were aware (n=98) about the contraception, only 45.9% of women had history of usage of contraception. Similar finding was also seen in a study done by Murugesan A et al³ and findings of NFHS 4.⁷ So, there is a need to focus on both on awareness and motivation of the couples to increase the utilization of Family Planning services. Among the antenatal women who used contraceptives (n=45), most common method was Oral Contraceptive pills (73.3 %) and source of supply was Government (77.8 %).

Regarding the reasons of not using contraceptives among women who did not use (53), most common was desire for children (75.5 %) followed by objection of husband (11.3 %) and fear of side effects (5.7 %). In Murugesan A et al³ study, common reasons for not using contraception include want of child which is in accordance with our study findings.

Low educational status and lower socioeconomic status have been found as the major determinants contributing to the low awareness among tea garden mothers. Regarding contraceptive use, rate of use was found to be increased significantly with increase in age.

A considerable proportion (45.5 %) of present study group were primigravida and with the prevailing societal pressure of bearing children, the need to conceive early and wanting a child constituted a major reason for not using contraception.

CONCLUSIONS

In this study, awareness level regarding contraception among antenatal women of tea garden is low. It was also observed that awareness does not always lead to the use of contraceptives. This is an area of concern. Poor awareness of contraceptives and low pattern of contraceptive practices of tea garden mothers may be addressed through social empowerment of females, female literacy, employment and by adopting gender equality policies, which may enable them to fight for rights and rebuild their life with dignity. This requires an inter-sectoral approach with focus on social determinants. It is therefore recommended that health care

workers should adopt a more proactive approach to educating women on the benefits of contraceptive use.

There is a tremendous need to strengthen IEC, BCC activities as a part of National Family Welfare Programme especially during the sessions like VHND, to motivate the women for contraceptive usage. Pregnant women should be educated on the use of contraception during their visits to the antenatal clinic as it has been recognized as a major point of contact between the healthy population and health care services.

A sincere effort should be made by the entire health team to involve the husband and other family members in counseling sessions like VHND to raise awareness among them regarding the importance of family planning. Every effort should be made to correct the myths and misconceptions associated with contraceptive measures.

Authors thank SDM & HO and BPM of Dholai BPHC and health workers of study areas for their support and co-operation while carrying out the present study. We also want to express our heartfelt thanks to the study participants for their participation in our study.

Financial and Competing Interests - None

REFERENCES

- [1] Deepti C, Reena P, Neerja G. Awareness and practice patterns of family planning methods among antenatal women in Indian Community: Are we hitting the bull's eye? *Biomed J* 2015;38(4):356-358.
- [2] Prateek SS, Saurabh RS. Contraceptive practices adopted by women attending an urban health centre. *African Health Sciences* 2012;12(4):416-421.
- [3] Murugesan A, Sundaram R, Muthusamy M. Awareness, attitude and practice of contraception among antenatal women in a tertiary care hospital- a cross sectional study. *Int J Reprod Contracept Obstet Gynecol* 2016;5(8):2507-2510.
- [4] Dabral S, Malik SL. Demographic study of Gujjars of Delhi: IV. KAP of family planning. *J Hum Ecol* 2004;16(4):231-237.
- [5] Collumbien M, Gerressu M, Cleland J. Non-use and use of ineffective methods of contraception. In: Ezzati M, Lopez AD, Rodgers A, et al. eds. *Comparative quantification of health risks: global and regional burden of disease attributable to selected. Major Risk Factors*. Geneva: WHO 2004: p. 1255-1320.
- [6] Zubair AM, Mohammed IY. Knowledge and practice of contraception among pregnant women. *Indian Journal of Medical Research and Pharmaceutical Sciences* 2015;2(12):12-20.
- [7] National Family Health Survey (NFHS4) 2015-16. International Institute for Population Sciences, Mumbai. Ministry of Health and Family Welfare. Government of India.

- [8] National Family Health Survey- 4, 2015-16. State Fact Sheet Assam. International Institute for Population Sciences, Mumbai. Ministry of Health and Family Welfare, Government of India.
- [9] Pandey VK, Aggarwal P, Kakkar R. Modified BG Prasad Socio-economic Classification-2018: the need of an update in the present scenario. Indian J Comm Health 2018;30(1):82-84.
- [10] Ekabua JE, Ekabua KJ, Odusolu P, et al. Factors associated with contraceptive use and initiation of coital activity after childbirth. J Contraception 2010;1:85-91.
- [11] Kokane AM, Palanivel C, Mahajan PB, et al. Assessment of knowledge and practice of contraception among antenatal cases attending ANC. Clinic Indian J Maternal Child Health 2011;13(4):2-8.