

**Knowledge, perception, acceptance and rejection of various contraceptive methods amongst rural and semi urban women at tertiary care centre of southeastern region of Rajasthan.**

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**INTRODUCTION-** Contraception is a personal choice. Working and educated women are often well versed with various methods of contraception but the woman residing in shanty towns, rural areas or semi urban areas are either unfamiliar of these methods or if familiar , still hesitate to use them correctly. Contraception is a vital component for a woman's health as a woman who can plan the frequency and

interval of childbirths can easily rule her home and workplace more efficiently and confidently. Historically, various contraceptive methods and practices have been used throughout the world and woman had little choice in planning pregnancies.<sup>1</sup> When we look upon the history of birth control we come across a key figure Margaret Sanger (1879-1966), she was educated as a nurse, well known and highly controversial proponent of contraception. She was credited with developing the term “Birth control”<sup>2</sup>. When we look at Indian experience about birth control, in 1952 the family planning program was the first national level program with focus on population stabilization. In 2000 – the national population policy – redefined the program as a medium of intervention for promoting reproductive and child health. The family planning program focuses on assuring complete knowledge and access to reproductive rights and services and enables women and men both to make individual reproductive choice. Over the year the program has expanded to reach every nook and corner of the country and has penetrated into primary health centers and sub centers in rural areas, urban family welfare centers. Coverage of health care with an improved quality has declined the total fertility rate and growth rate across the nation. Rajasthan has witnessed a fall of 0.8 in TFR as it was 3.2 as per national family health survey (NFHS-III) and 2.4 as per NFHS IV. The past few years have seen a paradigm shift in family planning program, the focus of the program is towards meeting the unmet need of contraception and increasing the use of modern contraceptives thus reducing the unintended and mistimed pregnancy which is directly linked to reducing maternal and child mortality across the nation.<sup>3</sup>

Population stabilization is an essential component for the development of a nation, despite of government’s diligent efforts the acceptance of these methods is still low, through this study we surveyed the women residing in rural areas, semi-urban areas and shanty towns to know their contraceptive knowledge and practices.

- **AIMS-** To explore cognizance, perception and practices of various contraceptive methods amongst rural and semi urban women and to seek lacuna in their acceptance.
- **MATERIAL AND METHODS-**

It was a prospective qualitative study which was done over a period of 4 months from November 2021 to February 2022 over 500 women.

Reproductively active women approached at shanty towns, Anganwadi centers, dispensaries, Sub centres, District hospitals, family planning OPD of Jay Kay Lon hospital and new medical college hospital, at government medical college Kota, Rajasthan. Following criteria were applied to scrutinize the participants.

Inclusion criteria-

- A) women in the reproductive age group
- b) woman coming for contraception services at family planning opd
- c) woman coming as a case of incomplete abortion after mtp pills intake in emergency

Exclusion criteria-

- a) Pregnant woman
- b) Postmenopausal women
- c) Refusal to participate in study.

All eligible women were explained and counseled about the nature of the study, informed written consent was taken before proceeding to fill the questionnaire. Women were interviewed via questionnaire containing open and closed type of questions in private, in-depth interviews were taken to get the accurate answers of open type of questions. Questionnaire contained 11 questions in which their socio-economic status, marital status, age at first child birth, education status, their knowledge and source of information about contraceptive methods, preference of emergency contraceptives over regular ones, their familial response on their contraceptive choice and reason for rejection of methods and various myths about contraceptives were asked.

Statistical analysis- qualitative data converted to quantitative one, then entered in Microsoft Excel sheet to prepare the master chart, linear variables were summarized as mean and standard deviation, nominal and categorical data was presented as proportion, degree of association calculated by relative risk. Ethical clearance- Ethical clearance of the institute was taken before commencing the study.

- **OBSERVATIONS-**

70% women under study belonged to the age group of 20-30 years ,75% women were Hindu. All enrolled women delivered their first child within an average of 1.6 years after marriage, age at marriage and first child birth is one of the known factor that influences the population growth of a nation.

- 10 % of women never heard the term contraception/ garbh nirodhak /sadhan.
- In 45% population the familial response was not concerning.

**DISCUSSION-** India accounts for 17.5% of world population with 2.4% of worlds land mass, stabilizing population is an essential requirement for promoting sustainable development of a nation.the unmet need for family planning is 12.99% a(NFHS IV) and our government is working diligently to met this unmet need through various programs<sup>3</sup>. This prospective qualitative study was conducted over 500 women of reproductive age group with the majority i.e 70% belonged to the age group 20-30 years. It the main age group where woman have contraceptive need for spacing between the children. All enrolled women delivered their first child within an average of 1.6 years after marriage, age at marriage and first child birth is one of the known factors that influences the population growth of a nation.

In our country its never been easy to talk about contraception unbolted. There is always a hesitance to discuss about contraception in the family, even ASHA workers who are delivering the doorstep contraceptives have also faced some degree of reluctance on their arrival. In our study 45% woman's family response was not concerning over their contraceptive choice, whereas in 33% women it was discouraging while in 22% women their family encouraged them.

When we analyzed the association of education with the knowledge of contraception methods, we come across with a relative risk of 1.9 which shows a positive association between them. Education is a powerful tool to reduce the fertility rate, as educated girl marries at later age, delayed age at first childbirth with adequate spacing between the children ,better access to contraceptive methods including the newer ones, reduces barrier thatcomes on their way to use the contraceptive methods. Leiwang jiang et al in 2013 studied Women's Education, and Family Planning , found that with the increase

in education transition rate there is a decreased population growth rate, thus investment in education particularly girl's education contributes to slower the population growth<sup>4</sup>

Jejeebhoy in 1995 in their book women's education , autonomy and reproductive behavior also stated that education empowers a woman to improve her exposure to informatron, decision making, control of resources confidence in dealing with family and outside world.<sup>5</sup>

Contraception is a confidential topic to be discussed amongst families, even mother-in-law and bride can't discuss it unbolt. We found that the peer group constituted the main source of information of contraceptives amongst females, followed by ASHA workers and family members and husband was the least source of information to contraceptive methods in these females. Despite of government's efforts to reduce communication gap by saas bahu sammelanns under family planning programs, our results showed that still the low acceptance of contraceptives. 12% women accessed to social media and literature for contraceptives knowledge, its easy to access information from social media but authenticity of the source is always a question. The access to information has been revolutionized in this digital era and its quite easier to gain information "online" about sexual and reproductive health issues in a very private manner, but the level of information may be inappropriate or inaccurate enough to met the psychosocial context of reproductive behavior, thus social media can be labeled as a double edged sword.<sup>6</sup> Information through literature could be reliable and authentic as they are published from authentic source or may have been peer reviewed but this method is applicable to educated women only who have access to literature.

Out of 500 women, 405 were using contraceptive methods, 10% women never heard of term garbh nirodhak, contraception or sadhan. Condom was used by 29% women while 26% used oral contraceptive pills , 21% women underwent tubal ligation and 19% opted for intrauterine device whereas only 5% women are using newer contraceptives like antara ( depot medroxy progesterone acetate injection) and chhaya (centchroman).even government of india has introduced chhaya and antara in the contraceptive basket along with their inceased access under mission vikas parivar 2016.

When we asked our participants about their preferences for contraceptives, 61 women prefer to take emergency contraceptives instead of regular one, the main reasons for their use are missed pills, cumbersome to use on daily basis and ease of dosing of post coital pills.

The unknown fear of side effects after using contraceptives is quite prevailing among women, most of our surveyed women thought that contraceptives causes weakness in their body, it reduces their day to day working capacity, husband don't like thread of copper T during intercourse . Migration of copper t after intercourse is also a common myth amongst women, few women observed increased bleeding per vaginum during menses due to copper T while few women had irregular inter menstrual bleeding after iucd insertion. Fear of delayed or failure to return to fertility after stopping contraceptives was also a one of the reason to avoid contraceptive methods despite of their need. Use of MTP pills was also much popular amongst women which deferred the need for regular contraceptive methods and frequent visits to health care centers.

## **CONCLUSION-**

Population stabilization is crucial for sustainable economic growth, social development and environmental protection of a nation. Although our government is working diligently to stabilize the population through various programs and policies implementation still we have an unmet need of 12.9. The conventional concept that the unmet need is because of lack of access to facility and supplies needs to be updated to the actual fact that it is because of fear of side effects, lack of cognizance, myths and familial disapproval of contraceptive methods. There is a need to facilitate and encourage communication between eligible couples and family members along with the ensured doorstep delivery of the contraceptive basket.

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Tables-

Table no.1 - Education and knowledge of contraception

Education status	Familiar to contraceptive methods	unfamiliar to contraceptive methods
Educated	378	10
Uneducated	45	43

Relative risk – 1.98

Table no.2 Source of knowledge of contraceptive methods

Source of knowledge	Percentage
Peer groups/ friends	33%
ASHA workers	21%
Family	14%
Social media, literature	12%
Husband	10%

Table no.3 Acceptance and percentage use of contraceptives

- Using contraception - 405 – yes

95 – no

Method of contraception	Percentage
Condom	29%
Ocp	26%
Tubal ligation	21%
Cu-T	19%
Antara, chhaya	05%

Table no. 4 Lacuna in acceptance -Rejection, fears and myths related to contraceptive methods

Weakness	9%	Heavy menstrual bleeding	2.01%
Cu-T may migrate in the body	8.4%	Husband dislike the thread during intercourse	2%
White discharge per vaginum	6%	Sharir m soojan aa jati h	2%
Reduces day to day working capacity	5%	Sharir kharab ho jata h	1.9%
Problem in future conception	4%	Fear of genital tract infection	1.9%
MTP pills are more popular	3.8%	Everybody will blame her if any mis happening occurs after using contraception	1.5%
Irregular bleeding p/v	2.05%	Children are grace of god why go for contraception	1.5%
Pain in lower abdomen	2.02%	Husband or mother-in law disapproval of contraception	1%