

The Acceptance Rate Of Contraception

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Abstract: Objectives : To study acceptance rate of contraception after 3 or more pregnancy after 2 live issues. Methods : It is a prospective study of 1321 cases that had third or more pregnancy after having two live issues done over a period of 1 year(01/01/2010 to 31/12/2010) at SSGH, Vadodara. Two groups were included – women who came for the termination of the pregnancy after having two live issues (57.15%) and women who came in the labour room either for delivery or spontaneous abortion. Results : incidence of the study cases was 23.46% with 57.15% cases for termination. 89.63% were from lower socio economic. Mistimed conception was seen in 63.29% cases and the most common reason being negligence of contraception(33.97%) against planned conception in only 36.71%. 64.35% accepted contraception at the time of hospitalization, but 36.73% came for accepting contraception. Conclusion : A small planned family has many advantages. Every pregnancy should be planned and every baby should be wanted. Capsule: The most common reason for unwanted pregnancy is the non use of contraception or contraceptive failure. Unintended and unwanted pregnancies add to population's burden or the need for pregnancy termination. Every pregnancy should be planned and every baby should be wanted. [Gohil J T et al NJIRM 2013; 4(2) : 60-62]

Key Words: – Pregnancy, Contraception, Acceptance

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Introduction: The size of the family is matter of great importance not only for the country as a whole but also for the welfare and health of the individual, the family and the community. Our country has adopted the goal of universalizing the one or two child norm by the end of this century. The most common reason for unwanted pregnancy is the non use of contraception or contraceptive failure.

In India, Family planning programme was started in the year 1952 and was the first country in the world to do so. Since then its name has changed to Family Welfare programme and lastly to the present Reproductive and Child Health (RCH) programme. This change was made particularly to emphasize more and also to increase the acceptance of contraceptive methods by reproductive age group people¹.

Aims : To study the acceptance rate of contraception in high birth order pregnancies (≥ 3 after 2 live birth).

Methods and Material: It is a prospective study of 1321 cases that had third or more pregnancy after having two live issues done over a period of 1 year (01/01/2010 to 31/12/2010) at SSGH, Vadodara. Two groups of women were included – the group of women who came for the termination of the

pregnancy after having two live issues (57.15%) and the other group who came in the labour room either for delivery or spontaneous abortion. The first group who came for MTP were asked about their biodata, why the pregnancy was unwanted, why they were not using contraception, if yes then inspite of consistent use whether it was failure or it was their negligency regarding contraceptive methods, what's the husband attitude regarding contraception and their obstetrics history.

The second group were interrogated about their biodata in detail, and about the pregnancy, whether it was wanted pregnancy after planned conception or it became wanted after mistimed conception. Their views regarding contraception, social reasons related to the nonuse of the contraception, their obstetric history and their future plans regarding contraception.

Result: The study consists of total 1321 cases who had 2 or more live issues during one year. During this period total deliveries were 4138, spontaneous abortions were 424 and MTPs were 1023.

Table I : Status of Acceptance of Contraception

a)	Accepted at the time of hospitalization	850
b)	Not accepted at the time of discharge	471
c)	Future plan of non acceptors and how many came for follow up	173

Table II : Accepted at the time of Hospitalization

Mode of contraception	Case (N=850)	Percentage
LapTL	432	50.82
PPTL	56	6.59
LSCS with TL	25	2.94
IUCD	254	29.88
OC pills	56	6.59
Condom	23	2.70
Net en	02	0.24
Natural(Safe period)	02	0.24
Total	850	100

Table III : Future plans of non acceptors and follow up cases

	Contraception	Promised (N=471)	Follow up (N=173)
1)	Lap TL	194(41.19)	74(38.14)
2)	IUCD	182(38.64)	82(45.05)
3)	OC pills	35(7.44)	15(42.86)
4)	Net en	06(1.27)	02(33.33)
5)	Not accepted at all	54(11.46)	00

Table IV : Reasons for accepting permanent methods of contraception.

Reasons	Cases (N=707)	(%)
1)Desired no of children	248	35.08
2)Desired sex of child	137	19.38
3)Fear of side effects of temporary methods	120	16.97
4)Knowledge of permanent methods of contraception only	84	11.88
5)Family/community trends of contraception	118	16.69
TOTAL	707	100

Table V : Reasons for accepting temporary methods of contraception

Reasons	Cases (N=560)	Percentage
1)Child is small (esp.male)	240	42.86

2)Wants more children in future	154	27.50
3)Social problem	128	22.86
4)Fear of surgery	38	6.78
TOTAL	560	100

Analysis and Discussion : Table I shows that out of 1321 cases, only 850 cases(64.34%) accepted contraception at the time of hospitalization. Study by Sujata Murarkar et al revealed that the contraceptive prevalence among married women in the rural India was 48.63%².

Table II shows out of 850 cases, 60.53% (513/850) accepted permanent method of contraception whereas 39.75% accepted reversible methods of contraception. In reversible group, maximum number of cases accepted IUCD. Different studies have shown different preferences for methods of contraception used e.g., in a rural community of West Bengal IUD was accepted by 6.4% and condom by 3.5% of couples³, while in another study in residents of village in South Delhi 5.5% women had accepted IUD and condom by 9.7% couples⁴.

Table III depicts that 471 cases had promised to come for contraception but only 173 cases i.e. 36.73% came for follow-up. Maximum number of cases were for IUCD (45.05%), followed by OC pills (42.86%) and tubal sterilization (38.14%). 54 cases (11.46%) did not accept any method of contraception. A study in rural area of Kashmir revealed that non acceptance of contraceptives were desire of more children by 33.2% women⁵. A study in rural area of Uttar Pradesh also cited that 40% respondents wanted more children and 20% had fear of side effects of contraception⁶.

Table IV shows 35.08% i.e.(248/707) cases accepted permanent contraception because they had no desire for children anymore, whereas 19.38% (137/707) got desired sex of child. 120 (16.97%) wanted permanent methods of contraception because they had fear of side effects of temporary methods of contraception. 16.69% (118/707) followed their community/family trends of permanent sterilization. Few cases (84/707)

accepted permanent methods of contraception because of illiteracy, ignorance as they had knowledge of only permanent methods.

Table V shows that 42.86% (240/560) wanted temporary methods of contraception because their last child was small. Out of 560 cases, 154 (27.5%) still want more children in future. 128 (22.86%) cases had social problems. Fear of surgery forced 6.78% (38/560) to use temporary methods of contraception.

The factors responsible for varied rate of acceptance of contraception operate at the individual, family and community level with their root in the socioeconomic and cultural milieu of Indian society⁷.

Conclusions : A small planned family has many advantages. Unintended and unwanted pregnancies add to population's burden or the need for pregnancy termination. The success of the present RCH-II programme relies on the acceptance of contraceptive methods in reproductive age group⁸. The solution of all women's problems lies in empowering them by education, employment and better health care & informed choice of contraception.

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