

PERCEPTIONS, COUPLE MOTIVATION TO AVOID PREGNANCY APPROVAL OF CONTRACEPTIVES AND REASONS OF NON ACCEPTANCE OF CONTRACEPTION AMONG MARRIED WOMEN HAVING UNMET NEED OF CONTRACEPTION IN A SELECTED RURAL COMMUNITY, WEST BENGAL

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ABSTRACT

Introduction: Unmet need for contraception is the condition in which there is the desire to avoid or post-pone child bearing, without the use of any means of contraception.

Objectives: This study was carried out to identify Perceptions, couple motivation to avoid pregnancy and reasons of non acceptance of contraception among married women having unmet need of contraception

Method: The cross-sectional community based observational study was conducted at Chakberia & Kustia villages of Kalikapur subcentre of Sonarpur block of south 24 Parganas in West Bengal. Data were collected by direct interviewing using valid and reliable interview schedule from 100 married women with specific sampling criteria. The collected data were tabulated and statistically analyzed.

Results: Out of 100 married women having unmet need of contraception, 58% women had unmet need for limiting and 42% women had unmet need for spacing. 27% and 18% women verbalized as they practicing withdrawal and calendar method, so they didn't use any contraceptives. Most common perceived contraceptive was oral pill. Only 28% women had strong Social familial individual approval for contraceptives; 32% women were moderately to poorly motivated to avoid pregnancy.

KEY WORDS: unmet need, non acceptance of contraception, perception, couple motivation to avoid pregnancy, Social familial individual approval.

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INTRODUCTION

Use of family planning (FP) methods is the main strategy for prevention of unwanted pregnancies [1]. It was in the early 1950s that FP programs were first introduced in the developing countries to slow down population growth.

Later in the 1980s global forums recommended that they be merged with maternal and child health (MCH) services for a more integrated approach [2]. In developing countries, where integration was a key element of the health system, birth rates have declined, as more

women have been able to avoid unintended pregnancies [3]. Despite a plethora of policies and programs India is far from achieving its fertility goals. This is due to lower contraceptive use, high unmet need and unintended fertility [4].

Interestingly, 214 million women of reproductive age in developing countries who want to avoid pregnancy are not using a modern contraceptive methods. Contraception reduces the need for abortion, especially unsafe abortion and helps to determine the number and helps in spacing of children. By preventing unintended pregnancy, contraception prevents deaths of mothers and children [5].

Millions of women worldwide would prefer to avoid becoming pregnant either right away or never get pregnant, but are not using any contraception. These women are said to have an “unmet need” for family planning (FP). The concept of unmet need points to the gap between some women’s reproductive intentions and their contraceptive behavior [6]. Unmet need can be a powerful concept for FP programs because it is based on the women’s own statement in answer to survey questions, and it identifies the group most likely to be interested in contraception, but who do not use it. The challenge is for FP to reach and serve these women. The concept of “unmet need” points to the gap between some women’s reproductive intention and their contraceptive behavior [7].

Despite sincere and constant efforts by the government during more than half a century, unmet needs of contraception still remain, which require to be assessed and analyzed to help the policy makers for bringing out realistic changes in the framework and implementation of our National Family Welfare Programme. With this in the backdrop, present study was undertaken to assess the Perceptions, couple motivation to avoid pregnancy, approval of contraceptives and reasons of non-acceptance of contraception among married women having unmet need of contraception of selected community of West Bengal.

MATERIALS AND METHODS

The cross-sectional community based observational study was conducted at villages of

Kalikapur subcentre of Sonarpur block of south 24 Parganas in West Bengal. The objectives of the study were

- To identify the perception about contraception among the married women having unmet need of contraception
- To identify couple motivation to avoid pregnancy
- To find out approval of contraceptives
- To find out the reasons of non acceptance of contraception

Institutional ethical committee permission was sought and informed consent was taken from each participant; confidentiality and anonymity was assured. 100 married women who has unmet need for contraception was taken as samples. Purposive sampling technique was adopted as one of the data collection tool i.e interview guide on perception was open ended.

Sampling inclusion criteria were

- Married woman aged 15 – 49 years.
- Married women who were sexually active but not wanting any more children and not using any contraceptive methods
- Married women who were sexually active but wanting to delay the birth of their next child and not using any contraceptive methods.
- Only one woman of selected house was considered even there were more than one woman
- Willing to participate in the study.

Theoretical framework of the study was based on the Ronald M Anderson’s Behavioural model. Data were collected through house to house visit by four tools to measure the following variables: Demographic variables, reproductive profiles, Reasons of not using contraception, Perception about contraception, Social familial individual approval and couple motivation to avoid pregnancy. All the data collection tools were semi structured , only Perception was assessed by open ended interview guide.

Couple motivation meant the inner driven force of the couple to avoid pregnancy and was measured by pretested interview schedule. Responses of the women were recorded in 3 point rating scale. Total score was 12. Couple motivation was then categorized in 3 categories.

Highly motivated = 9 – 12; moderately motivated = 5 – 8; poorly motivated = <4

Social familial – individual approval is the act of approving the use of contraceptives by a person as a member of family and the society and was assessed by pretested interview schedule. There was 5 items in this tool and response of each item was recorded in 3 point rating scale. (very much = 2, moderate = 1, not at all = 0). Total score was 10. Social familial – individual approval of contraception was categorized in 3 categories. . Strong approval = 8 – 10; Moderate approval = 5 – 7; No approval < 5.

Face validity and content validity of all tools were established by seven experts. Calculated CVI ranged from 96 % - 92 %. Language validity also established by language experts. Reliability of all tools except open ended interview guide on perception was established by test retest method. Cohens’ kappa was calculated for discrete data and ranged from 0.8 to 1.0, Pearson r was calculated for scoring items and ranged from 0.78 to 0.86. Intercoder reliability was done for open ended interview guide on perception. Cohens kappa was calculated , ranged from 0.8 – 1.0.

RESULTS

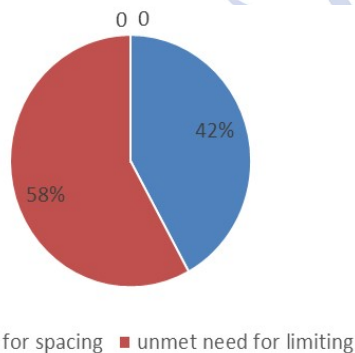


Fig. 1: Distribution of participants in terms of their status of unmet need for contraception (N=100).

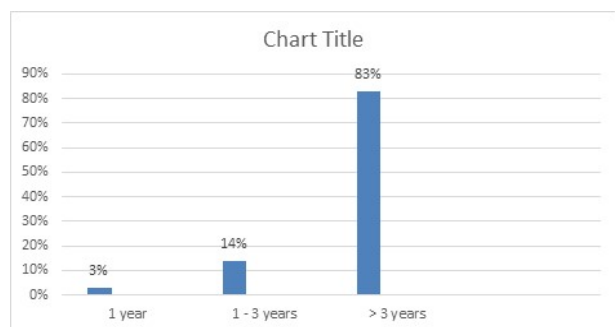


Fig. 2: Distribution of participants having unmet need of spacing in terms of duration of spacing they wanted.

Table 1: Distribution of Demographic characteristics of study participants (N=100).

Sl. No	Demographic characteristics	Unmet need for spacing n = 42		Unmet need for limiting n = 58	
		Frequency	Percentage	Frequency	Percentage
1	Age				
	• 15 – 19 yrs.	12	28.6	2	3.4
	• 20 – 24 yrs.	20	47.6	27	46.7
	• 25 – 29 yrs	8	19	18	31
	• 30 yrs and above	2	4.8	11	18.9
Age of husband	• 20– 24 yrs.	14	33.3	11	18.96
	• 25 – 29 yrs.	13	30.9	20	34.48
	• >30 yrs	15	35.8	27	46.56
2	Religion				
	• Hindu	4	9.5	18	31.04
• Muslim	38	90.5	40	68.96	
3	Occupation of wife				
	• Homemaker	37	88	55	94.9
	• Laborer	2	4.8	1	1.7
	• Business	2	4.8	1	1.7
	• Service	1	2.4	1	1.7
Occupation of husband	• Laborer	30	71.4	44	75.9
	• Business	4	9.5	10	17.3
	• Service	3	7.2	2	3.4
	• Cultivation	5	11.9	2	3.4
4	Per capita per month family income (Rs.)				
	• Class I >3652	Nil	Nil	Nil	Nil
	• Class II 1896 – 3652	24	57.1	34	58.7
	• Class III 1096 – 1895	14	33.3	20	34.5
	• Class IV 548 – 1095	2	4.8	2	3.4
• Class V <547	2	4.8	2	3.4	
5	Education of wife				
	• Illiterate	1	2.4	5	8.7
	• Class I – V	7	16.7	12	20.7
	• Class VI – VIII	24	57.1	29	50
	• Class IX – X	7	16.7	6	10.3
	• Class XI - XII	3	7.1	5	8.6
• Graduation & above	Nil	Nil	1	1.7	
6	Education of husband				
	• Illiterate	2	4.8	7	12.1
	• Class I – V	10	23.8	14	24.1
	• Class VI – VIII	9	21.4	12	20.7
	• Class IX – X	16	38.1	17	29.4
	• Class XI - XII	4	9.5	6	10.3
• Graduation & above	1	2.4	2	3.4	

Table 2: Distribution of participants on their reproductive profiles(N=100).

Sl. No.	Reproductive profiles	Unmet need for spacing n = 42		Unmet need for limiting n = 58	
		Frequency	Percentage	Frequency	Percentage
1	Age at marriage				
	• 15 – 19 yrs.	35	83.3	48	82.7
	• 20 – 24 yrs.	7	16.7	9	15.5
• 25 yrs& above	Nil	Nil	1	1.8	
2	No of living children				
	• One	25	59.5	15	25.9
	• Two	5	11.9	11	18.9
• Three and above	12	28.6	32	55.2	
3	Age of the youngest child				
	• 12 months and less	24	57.2	30	51.8
	• >12 months – 18 months	2	4.8	3	5.2
	• >18 – 36 months	10	23.8	10	17.2
• >36 months	6	14.2	15	25.8	
4	Have history of abortion	2	4.76	2	3.44
5	Used any contraceptives methods earlier	6	14.3	16	27.6

Data presented in figure 1 and table 1 suggest that out of 100 married women with unmet need, 58% married women had unmet need for limiting and 42% married women had unmet need for spacing. Data also reflect that apparently half of the women i.e 47.6%, 46.7% women of unmet need of spacing, limiting (respectively) belonged to age group 20 – 24 years. Highest no of their husbands aged more than 30 years. Highest no of women had unmet need belonged to Muslim community. Majority of the women from both group of unmet need were home makers. Mostly their husbands were daily laborer. Based on per capita per month family income, highest no of women belonged to class III (Rs.1096 – 1895) , no none belonged to class I (Rs. >3652). As per educational status, highest no of women studied class VI to VII whereas highest no of their husbands studied class IX – X.

Data presented in table no – 2 show that most of the women i.e 83.4% and 82.7% of unmet need for spacing and limiting respectively had got married between the age of 15 – 19 years. Very least no of women i.e 1.8% women of unmet need for limiting had got married at the age > 25 years. Among the women with unmet need for spacing, highest no of women i.e 59.5% had one living child whereas among the women with unmet need for limiting, highest no of women i.e 55.2% had three and more no of children. Majority women had youngest child aged 12 months and less. The data also suggest that very few women i.e 4.76 % and 3.4% of unmet need for spacing and limiting respectively had history of abortion. Majority of the women did not uses any contraceptives earlier.

Table 3: Distribution of common reasons of unmet need of contraceptives (N=100).

Sl. No.	*Reasons for unmet need of contraception	Frequency
1	Spousal opposition	15
2	In-laws opposition	20
3	Fear of side effects	25
4	Decrease milk secretion	24
5	Withdrawal technique followed	27
6	Calendar method followed	18
7	Lactational Amenorrhea	28
8	Have negative effect on health (health Concern)	8

* indicates multiple responses given by respondents.

Data presented in Figure no 2 reflect that 83% women with unmet need for spacing wanted spacing > 3 years whereas only 3 % women wanted spacing of one year.

From the table no 3, it has been found that 15% and 20% women not using contraceptives due to spousal opposition and in laws opposition respectively. 27 % and 18% women verbalized they practiced withdrawal techniques and calendar method respectively. Highest no of women i.e 28% verbalized lactational amenorrhewas the reason for not using any contraceptives. Very less no of women verbalized the negative effect of contraceptives on health as the reasons for not using of contraceptives.

Table 4: Distribution of perception of women had unmet need of contraceptives (N=100).

Sl. no.	Perception of married women had unmet need of contraceptives	Frequency
1	Perception about different methods of contraceptives method	
	• Oral pill	77
	• Condom	39
	• Copper T	51
	• No idea	11
2	Perception about benefits of contraceptive method	
	• Preventing unwanted child birth	50
	• Maintenance of good health	29
	• Maintaining spacing	14
	• No benefits	1
3	Perception about benefits of small size	
	• Easy to maintain the family	32
	• Easy child rearing	56
	• Easier to provide education	27
	• No idea	7
4	Perception about the risk of becoming pregnant in case of without use of contraceptives	49
5	Perception about spontaneity of sexual pleasure hampered if contraceptives use	14
6	Perception about side effects.	
	• Vertigo	11
	• Decrease milk secretion	5
	• Health deterioration	17
	• No side effects	41
	• Not known	26

* indicates multiple responses given by respondents.

The data presented table no 4 show that the perception of women about the contraceptive methods was maximum for oral pill i.e 77% ; on the other hand 17 % women didn't have any perception about any contraceptive methods; 50% women perceived that preventing unwanted child birth was the main advantage of the contraceptive methods; 56% women perceived

that easy child rearing was the major advantage of small family size; 49% women perceived the risk of becoming pregnant if contraceptives not used; only 14% women agreed about the spontaneity of sexual pleasure hampered if contraceptives used; 41% women did not perceive any side effects of contraceptive methods.

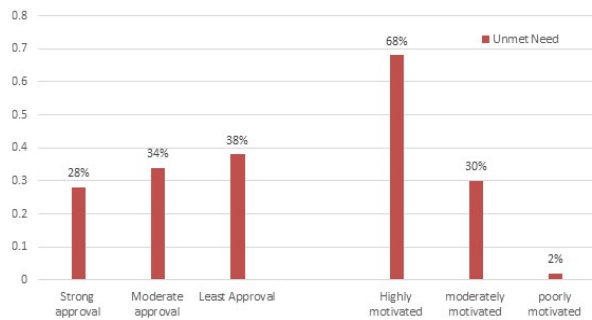


Fig. 3: Social familial individual approval and couple motivation to avoid pregnancy wise distribution of participants.

The data presented in figure no 3 show that 38% women had least Social familial individual approval for contraceptives and only 28% women had strong Social familial individual approval for contraceptives. In the area of couple motivation to avoid pregnancy, 68 % women were highly motivated only 32% women were moderately to poorly motivated to avoid pregnancy.

DISCUSSION

The prevalence of unmet need in a community based study done at Tamil Nadu was 39%, with spacing as 12% and limiting as 27%; study findings suggested among 100 unmet need women, 31 women had unmet need of spacing and 69 women had unmet need limiting [8]. In a study conducted in the state of West Bengal 13.6% of currently married women of reproductive age group (15–49 yrs.) experienced unmet need for contraception [9]. In the present study it has been observed more no of women i.e 42 % had unmet need of contraception and 52% women had unmet need of limiting out of 100 women with unmet need.

Reasons associated with unmet need, may be related to fertility or to method related problems or due to opposition from husband and family or due to lack of information and access. Some studies show that unmet need is influenced by

woman's background such as income level, education level degree of autonomy in functioning etc; her child bearing experiences, and also related to program factors. The major reason for unmet need for Family Planning in the study conducted by Malini M et al was 18% for low perceived risk of pregnancy, 9% feared the side effects of contraception 5% lacked information on contraceptives, 4% had husbands who opposed it and 3% gave medical reasons. Higher education, late marriage, more than the desired family size, poor knowledge of FP, poor informed choice in FP and poor male participation were found to be associated with high unmet need⁸. Ghosh *et al.* in Kolkota observed that 25% of women did not accept contraceptive methods because of concerns about health and side effects [10]. The present findings indicate little different pictures when they were asked to directly verbalize the reasons. 15% and 20% women not using contraceptives due to spousal opposition and in laws opposition respectively. 37 % and 28% women verbalized they practiced withdrawal techniques and calendar method respectively. Very less no of women verbalized the negative effect of contraceptives on health as the reasons for not using of contraceptives.

CONCLUSION

Though there is an emphasis on use of contraceptives still there is unmet need of contraception. Unmet need for limiting is highest (58%) among unmet need. The main reasons of unmet need for contraception is lactational amenorrhea. Awareness to the community people should be created by incorporating the following findings that the women are still getting marriage below 19 years. Women are believing that they will not conceive as they are in the period of lactational amenorrhea. Majority of women do not perceive the risk of becoming pregnant without use of contraceptive methods. So mothers meeting along with their partners meeting can be organized as there is spousal opposition also.

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