

Case Study

# Factors Influencing the Family Planning Practices in Young Married Women (15-24 years) Living in Rural Area of District Etawah Uttar Pradesh: A Cross Sectional Study

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## I N F O

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## A B S T R A C T

**Background:** Among the young married women in the age group 15-24 years the contraceptive prevalence rate (CPR) is only 27.7% which is quite low than the target CPR of 60%. This study was undertaken to explore the prevalence, factors, causes of non-use of contraceptive among young married women living in rural area of district Etawah.

**Material and Methods:** A cross sectional study was carried out in the rural area of district Etawah in randomly selected three villages. In each selected village, we moved in one direction to identify married women aged 15-24 years. We explained the study and purpose of our visit, and sought willingness of the eligible women to participate in the study. All the households were visited until at least 32 young married women (15-24 years) were interviewed using a pre-tested questionnaire to obtain the desired sample size of 96. The data was analysed using SPSS 24.0.

**Results:** Current use of contraceptives was found to be 33.8 % and almost two-thirds (66.2%) of the participants weren't using any sort of contraception. The important reasons for non-use of contraception were lack of knowledge/ hesitancy/ shyness/ embarrassment regarding birth control about the contraception or place of availability of services, opposition to contraceptive use by husband, relations and women's desire to urge pregnant. About one third of the ladies had no perceived need for any contraception.

**Conclusions:** The findings showed that motivation of women to adopt family planning method through counselling along with provision of youth friendly services are needed to be address to achieve improvement in contraceptive use among these young married women living in rural area.

**Keywords:** Influencing Factors, Non-use, Family Planning, Young Married Women, Rural Area, Couple Protection Rate (CPR)

## Introduction

In India, the birth control program was implemented in 1952 as a national population policy to regulate the rapid climb of population and reduce poverty.<sup>1,2</sup> Initially, variety of recent methods were focused and later shifted toward male sterilization, but female sterilization became the point of focus from late 1970. The sterilization targets, incentive-based administration, poor standards and forceful nature of the program created negative impression among population and political confrontation within the country.<sup>2</sup> Until the mid-1990s, most reproductive and child health programs focused exclusively on women in India.<sup>3</sup> In 1998, an informed choice model of service delivery was introduced and currently, such a model with no targets or incentives is implemented within the country.<sup>2</sup> The use of contraceptive methods among Indian women is said to many factors like personal, interpersonal, partner related, service related and/ or method related.<sup>4</sup> The limited choices and access to birth control services, poor quality of obtainable services, cultural and non-secular opposition, fear of adverse effects and gender-based barriers are liable for the very high rate of unmet need for contraception in low-resource countries like India.<sup>5</sup>

Currently, the foremost common method of contraception in India is female sterilization.<sup>4</sup> Religion, education and occupation of women were reported to be related to acceptance of female sterilization.<sup>2</sup> Lack of data or misinformation regarding temporary methods and fewer opportunity to prefer modern temporary methods and affordability and accessibility issues also affect women's choice of female sterilization.<sup>6</sup> Common misbeliefs like "vasectomy reduces sexual desire" and "it makes a person physically weak" cause people's disapproval of vasectomy as a contraceptive method.<sup>7,8</sup> Even the doctors in India aren't well informed about vasectomy, which makes them unable to supply appropriate information regarding vasectomy to motivate people, and thus, they mainly provide information on female-oriented methods.<sup>9</sup> One qualitative study among women in low-income communities in Mumbai reported that from the attitude of poor women, the choice to undergo sterilization makes them effectively control their fertility, and hence it results in improved sexual relationships and emotional health following sterilization. Due to this positive feel, most of them have little post sterilization regret<sup>10</sup>. Of these factors make female sterilization the only choice of contraception for ladies in countries like India.

Total birth-rate of Uttar Pradesh is 2.7<sup>11</sup> with annual rate of growth 16.5.<sup>12</sup> Age specific marital birth-rate (ASMFR) in Uttar Pradesh is highest within the age 20-24 years followed by 15-19 years age group.<sup>13</sup> Use of contraceptives is additionally very low during this most efficient age

bracket. Among the young married women within the age bracket 15-24 years the contraceptive prevalence rate (CPR) is merely 27.7% which is sort of low as compared to focus on CPR of 60%.<sup>13</sup> Alongside this consistent with NFHS-4 about 21.2% of the young married women within the age bracket of 20-24 years were married before the age of 18 years; which is sort of high in rural areas (24.9%) as compared to urban areas (11.3%).<sup>11</sup> The adolescent pregnancy rate was found to be about 3.8%, indicating a high rate of early marriage and early pregnancy within the state of Uttar Pradesh. Marginal improvement (45.5%) in contraceptive prevalence rate of Uttar Pradesh is reported by NFHS-IV as compared to NFHS-III (43.6%).<sup>14</sup> Consistent with NFHS-III, the contraceptive usage prevalence rate was lowest within the age bracket of 15-19 years (14.5%) followed by 20-24 years (26.7%) as compared to the older age groups (49.8%).<sup>14</sup>

## Material and Method

A community based cross sectional study was conducted in young married women of age group 15-24 years in rural area of district Etawah. Convenience sampling technique was applied on 96 young married women of age group 15-24 years. Those women who agreed to provide consent for interview, have been living in the rural area for at least six months and Gauna performed i.e. living with their husband and in the age group 15-24 years were included in the study and excluded those who were non-responsive, had undergone Hysterectomy/ Bilateral Oophorectomy and Divorced/ Disserted/ Separated from their spouse

## Data Collection Procedure

A cross sectional study was carried out in the rural areas of district Etawah. Out of the eight blocks, one block was selected randomly. From the selected block three villages were selected randomly. After reaching the selected village, a fix point (School, temple or other place of public importance) was noted. From this point, we move in one direction to identify married women aged 15-24 years. We explained the study and purpose of our visit, and sought willingness of the eligible women to participate in the study. All the households were visited until at least 32 from each village, hence total 96 young married women (15-24 years) were interviewed using a pre-tested questionnaire to obtain the desired sample size of 96. The data was analysed using SPSS 24.0.

## Result

A total sample of 96 young married women living in three villages of Saifai block was analysed to work out the extent of non-utilization of birth control services and therefore the factors related to it. Almost two-thirds (66.2%) of the participants weren't using any sort of contraception (Table 1). The important reasons for non-use of contraception

were embarrassment / hesitancy / shyness regarding birth control, lack of data about the contraception or place of availability of services, opposition to contraceptive use by husband or relations and women's desire to urge pregnant (Table 2). About one third of the ladies had no perceived need for contraception. Among the varied bio-social and fertility related variables, educational attainment of the ladies, employment status, parity, attitude of the husband towards birth control, motivation to adopt contraceptive were the prime independent predictors for non-use of contraceptives (Figure 1).

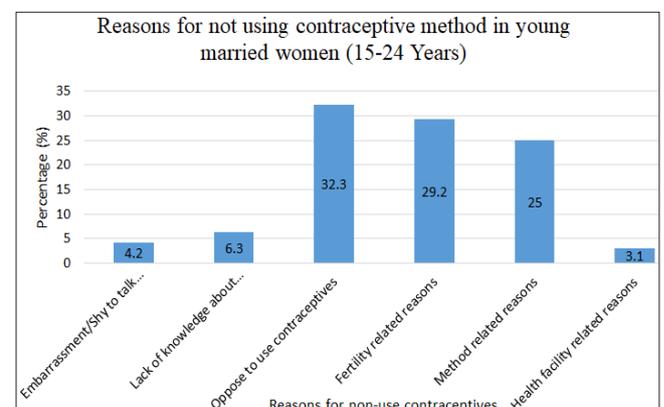
**Table 1. Biosocial Factors of the Study Participants**

(N=96)			
Sr. No.	Background Characteristics	Frequency (n)	Percentage (%)
1.	<b>Age of the women (Years)</b>		
	15-18	5	5.5
	18-21	40	41.2
	21-24	51	53.3
2.	<b>Religion of the women</b>		
	Hindu	87	91.1
	Muslim	9	8.9
3.	<b>Caste/Tribe of the women</b>		
	SC/ST	30	32.0
	OBC	64	66.6
	Others	2	1.4
4.	<b>Level of education of the women</b>		
	Illiterate	18	19.3
	Primary Level	22	23.5
	High School	35	36.2
	Intermediate and above	11	12.0
	<b>Employment status of the Women</b>		
5.	Unemployed	88	91.7
	Employed	8	8.3
6.	<b>SES (Based on modified Kuppuswamy Scale)</b>		
	Lower and Upper lower	72	74.4
	Middle and Above	24	24.6

**Table 2. Reasons for not using Contraceptive Method among Young Married Women**

Sr. No.	Reasons for not using contraceptives	Frequency (n=96)	Percentage (%)
1.	Embarrassment/ Hesitation/ Shy to talk about contraception	4	4.2

2.	Lack of Knowledge about Family Planning methods / services	6	6.3
	Knows no source	1	1.1
	Knows no method	5	5.2
3.	Opposition to Use contraceptives	31	32.3
	Partner opposes	11	11.4
	Respondent opposes	10	10.4
	Others oppose	10	10.4
4.	Fertility related reasons	28	29.2
	Wants to/Trying to get pregnant	13	13.5
	Breastfeeding/Post-partum amenorrhea	8	8.3
	Wants as many children as possible	3	3.1
	Infrequent sex/No sex	4	4.2
5.	Method related reasons	24	25.0
	Health concern	7	7.3
	Fear of side effects	9	9.4
	Inconvenient to use	6	6.3
	Costs too much	2	2.0
6.	Health facility related reasons	3	3.1
	Poor quality of services	2	2.0
	Lack of access/Too far	1	1.1
	Desired method not available	0	0



**Figure 1. Reasons for non-usage of Contraceptive Method in Young Married Women (15-24)**

## Discussion

This study found that the currently 66.2% of the young married women (15-24 years) were not using any contraceptive methods the current non-use of contraceptive methods is much higher in our study population in comparison to NFHS-4 Uttar Pradesh data (54.5%) for contraceptive use. When these young women were enquired for reasons, the main reasons for non-use cited by the women were embarrassment, hesitancy in discussing family planning methods followed by lack of knowledge about family planning methods or place of availability of services. One third (29.2%) of the women had no perceived need for contraception. About one-third (32.3%) of the women faced opposition to contraceptive use and among those 10% were themselves against the use of contraceptives. 10% of the women also had others opposed. Reasons associated with non-use of contraceptive method, 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 a function of a woman's background such as income level, degree of autonomy in functioning etc; on her child bearing experiences, her level of education and exposure, and also program factors.

A study conducted in Belgaum and Gulbarga districts of Karnataka in the year 1990 showed that the practice of family planning was limited to sterilization methods, and that women accepted early sterilization, but usually after having three living children. The majority of the non-users had short open birth intervals (less than two years). The main reason for not using contraceptives was the desire for more children and 18% specifically stated that they wanted male children.<sup>15</sup> Ram, N. and V, S.A. and Kumar M et al., reported that a lower level of educational status influenced the use of contraceptive among married women (15-45 years). In concurrence to it, the present study also found the educational status of the women to be significantly associated with the use of contraceptive.<sup>16,17</sup>

## Conclusion & Recommendations

In our study population, early marriage and early childbearing was quite prevalent and use of contraceptive was found to be very low among the young married women. Lower educational status, unemployment, null gravida, no autonomy of the women, unfavourable attitude of the husband towards family planning, lack of motivation to adopt contraceptive, no contact with the ANM emerged out as major determinants of non-use of family planning methods by the young married women in the rural.

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