ISSN 2394–806X (Print), ISSN 2454-5139 (Electronic)
IJHRMLP, Vol: 03 No: 01 January, 2017
Printed in India

ORIGINAL PAPER

Utilization pattern of family planning devices among married women in a selected tea community of Assam

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***Received** on September 30, 2015; **editorial approval** on December 14, 2015*

Abstract

***Introduction**: Family planning is one and only device to reduce the incidence of unwanted pregnancy and unsafe abortion, which is one of the leading causes of maternal death. Tea community is one of those communities where accessibility and availability of various health related programs still to be improved. **Purpose**: The purpose of the study is to find out the utilization pattern of family planning devices and factors affecting utilization pattern among married women belonging to tea community. **Method**: Semi-structured interview schedule was applied to 100 married women selected by simple random sampling and data were analyzed by using inferential statistic. **Results**: Majority of the married women (66%) were not using family planning devices. The most common factors of non-utilization were unwillingness of their husband (40.90%) and lack of awareness about the family planning devices (39.39%). Commonly used practices were oral contraceptive pill (50%) and tubectomy (44.12%). Leading factor identified for utilization of family planning devices was advices given by the health care provider (38.23%). **Conclusion**: Scaling up key intervention like increasing involvement of health care personal, providing access to family planning devices and increasing awareness for community participation could sharply increase utilization and contribute to reduce the maternal death due to abortion which will contribute to achieve MDG 4and 5.*

***Keywords**: Family Planning, Utilization Pattern, Married Women, Tea-Community*

INTRODUCTION

India is the second most populated country in the world adding 16 million every year. The National health goal was to attain a birth rate of 91 and death rate of 9 pre 1000 by 2007. This yields an annual growth rate of 1.2%, which was considered essential for the stabilization of population of India over the next 50 years. The objective of the family welfare program in India is that is that people should adopt the "small family norms "to establish the country's the population at the level of 1533 million by the year 2050 AD.[1]

Maternal healthcare remains a major challenge to the global public health system, especially in developing countries.[2] In India, considerable attention has been paid to estimates of maternal mortality, but mere has been reserved to the issue of adolescents pregnancies requires paramount attention.[3] Despite substantial improvement in maternal health indicators in India, the proportion of adolescent deaths (9%) due to pregnancy or during child birth to total maternal mortality is unacceptably high.[4] Studies have highlighted the relationships between early childbearing and adverse health outcomes potentially causing death among women in the 15–19 age groups.[5,6] Acknowledging the importance of the issue, the United Nations focused on improving maternal health in the Millennium Development Goals to reduce Maternal Mortality Ratio (MMR) by 75% percent during 1990–2015.[7] Additionally, adolescent pregnancies have been consistently associated with increased risk of adverse health outcomes, low birth weight, premature deliveries, high neonatal and post neonatal as well as infant morbidity and mortality.[8]

The theoretical framework represented by Thaddeus and Maine (1994) referred to socioeconomic/cultural factors (women's status in household and society, educational and economic status of women etc.), accessibility to facility (distance, transportation etc.) and availability of quality of care (availability of staff and equipment in health facility centre) as the crucial factors behind maternal morbidity and mortality.[9] However, marriage at a very

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young age is the major reason for early pregnancy in India.[10] Studies have found that adolescents often lack experience, tend to be psychologically as well as emotionally less mature, all of which lead to poor maternal health outcome.[11] Some other factors such as education, economic status, healthcare programs and high cost of healthcare services have an impact on maternal healthcare utilization.[12,13,14,15,16,17,18,19,20] A number of studies have discussed both accessibility and availability as determinants of health service utilization.[21,22,23]

Family planning in India in the present day context is nothing new nor is it any surprising concept. People now do not raise their eyebrows to hear the word family planning "rather it is now accepted as something useful and beneficial by the general public in the urban cities, town and also in the rural areas of all over the country. Nevertheless, it is also a bitter fact that inspite of so much publicity of the need and importance of family planning, the government is still striving hard to cut down the population growth rate to the least minimum, so that the benefits of economic planning and development may become meaningful and the common may reap the results of economic property.[1]

As of 31st March 2000, about 79 million couples (46.2 % of eligible couple) were effectively protected against conception by one or the other family planning method. However about 54% eligible couples are still unprotected against conception. Some states notably Punjab, Gujarat, Maharashtra, Karnataka, Haryana, and Tamil Nadu are forging ahead to cover more than half of their fertility level whereas other states like Bihar, Uttar Pradesh, Rajasthan, West Bengal, Jammu and Kashmir, and Assam are lacking behind with hopelessly low contraceptive acceptance levels. Assam have a population of 26,638000 in 2001 and there are about 40, 49000 of eligible couples. But only 15.2% of couples are effectively protected by all method including only 2.9% by spacing method and 12.3% by sterilization. Due to the above situations, it is necessary to carry out research in the field of family planning.[24]

The present study was conducted with the objectives to find out the utilization pattern of family planning devices and factors affecting utilization pattern among married women belonged to tea community of Assam.

METHODS

Design and period of the study: A cross sectional community based descriptive survey design was used to conduct the study. Data were collected during the period from January 2011 to June 2011.

Study area: The study was conducted four sub centers of Sonapur Block PHC of the Kamrup Metro district.

Study population: All the married women of the tea community of 4 selected sub centers of Kamrup Metro district. 25 married women were selected randomly from each of the sub centre usingRCH register maintained by female health workers of respective sub center.

Sampling: A multistage sampling technique was used to select the sample unit i.e. sub centers and the married women. A total of 100 married women were selected for interviewing.

Study methods: A cross sectional community based descriptive survey was used to conduct the study.Semi structured interview schedule was used to collect information. Informed consent was taken from the women before collection of information.

RESULTS

Out of 100 married women, 74 married women were from the age group of 20 to 30 years, followed by 21 from 31 to 40 years and five were below 20 years. Regarding the educational status of the married women, 20 had formal education from class VI to X, 12 were educated up to class V and 68 had no formal education. On the other hand husbands of 32 married women had education from class VI to X, only seven had up to class V and 61 had no formal education. Out of 100 married women 66 were TGL, 32 were housewives, one was Anganwadi helper and one was daily laborer respectively. 95 married women husband were TGL, four drivers, one was laborer. Per capita per month family incomes for all the married women were below Rs. 974/ and all the women were Hindu in religion. The duration of marriage of 35 women were 6-10 years, 28 married women were 1-5 years, 24 were 11-15 years and only 13 married women were more than 15 years. Out of 100 married women, 33 had two children, 26 had only one child, 20 had three children, 10 had four, six had five, two had six and three had no child. 92 married women had normal per-vaginal delivery, three had cesarean section and three had instrumental delivery. Regarding the number of male child, 48 had only one, 16 had two, six had three and three had four. On the other hand, 50 had only one female child, 15 had two, eight had three, four had four, one had six and 22 had no female child. Age of the last child for 51 married women was one to five years, 29 were from five to ten years and only 17 were less than one year. 96 married women belonged to nuclear family and only four belonged to join family.

For 76 married women sub centre was the nearest health care facility available, for 23 married women PHC and only for one married women other health care facility. Distance of health care facility from habitant for 49 married women were less than one km, 23 married women were two to three km, 16 were three to five km and 12 were more than five km. Regarding the place of delivery, one had delivered at CHC, one at private hospital, two at FRU, 11 at GMCH, 41 at PHC and 41 at Home.

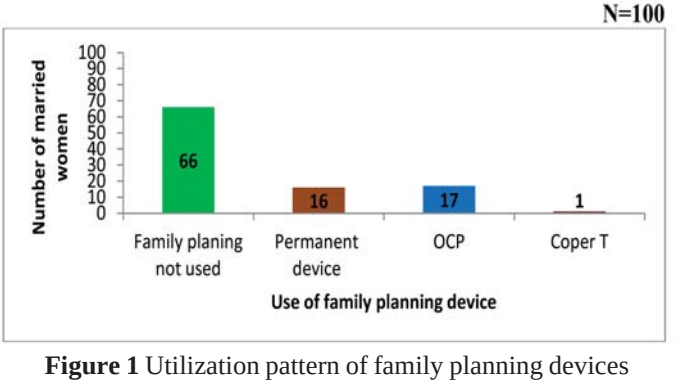

Figure 1 Utilization pattern of family planning devices by married women

Figure 1 shows that out of 100 married women 66 did not used any family planning devices, 16 used permanent devices, 17 used oral contraceptive and only one used copper T. From the further study the investigator found that out of 16, only one married women husband undergone NSV.

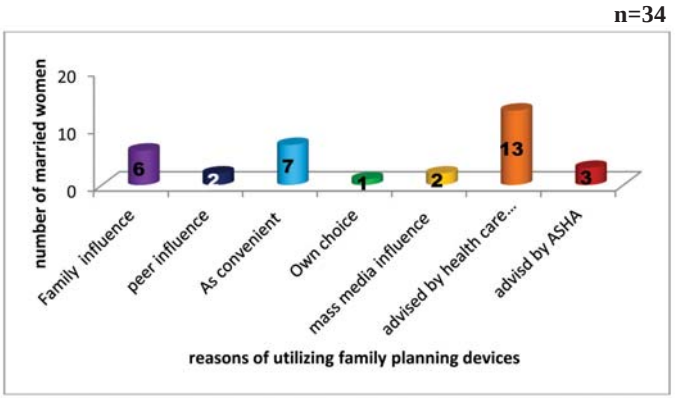

Figure 2 Reasons of utilizing family planning devices

The data presented in the **Figure 2** shows that out of 34 married women who have utilized family planning devices, six have utilized under the influence of family member, two because of peer group influence, seven used as it was convenient for them, one used by her own choice, two used under the influence of mass media, 13 used as they were advised by the health care provider and only three used as they were advised by ASHA.

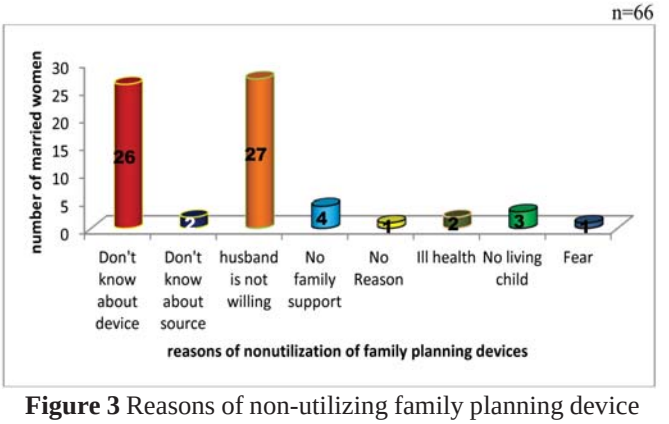

Figure 3 Reasons of non-utilizing family planning device

Data presented in the bar diagram (**Figure 3**) reflects about the reasons of not utilizing family planning devices among married women. 26 married women out of 66 did not know about the family planning devices, two did not know about sources, 27 married women husbands were not willing to use family planning devices, four married women were not supported by their family, one had no reason for non utilization, two did not used because of their ill health, three of them had no living child, and one married women did not used because of fear.

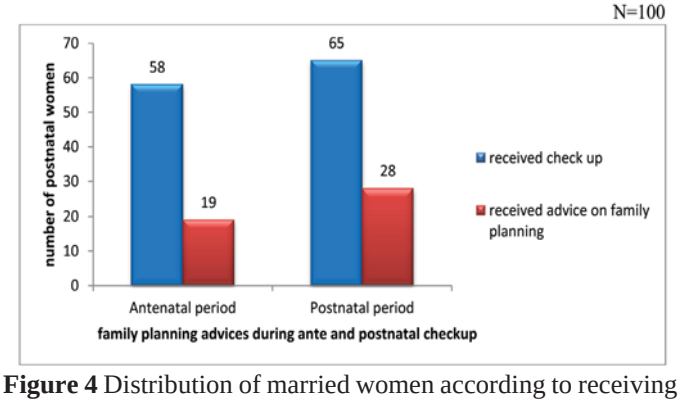

Figure 4 Distribution of married women according to receiving advices on family planning

The data presented in the bar diagram (**Figure 4**) reflects the scenario of utilization of ante natal and postnatal check-up by the married women. Out of 100 postnatal women only 58 had availed antenatal services during their last pregnancy and out of 58 only 19 married women received advices regarding family planning during antenatal check-up. On the other hand, 65 married women received postnatal check-up and out of them only 28 married women received advices regarding family planning.

DISCUSSION

The present study shows that 66 did not used any family planning devices, 16 married women used permanent device, 17 used oral contraceptive and only one used copper T. Study conducted by *Arjit Kumar, P Bhardwaj, J P Srivastava, P Gupta reflects that* the acceptance of family planning methods both temporary and permanent methods increased with level of literacy of women. About 53.40 % adopted I.U.C.D, 38.83% O.C pills and only 7.77% of their partners used condoms. 66.6% have undergone laparoscopic and 33.4% mini-lap sterilization.[25] Laya KS reported that 12.8 percent of the currently married women in India at present have an unmet need for family planning services, 6.2 percent for spacing and 6.6 percent for limiting. The percent of women having unmet need are much higher among those in the rural areas, at the younger ages and women having less than three children. Educational and working status of women is found to be highly significant with respect to their unmet need in India.[26] Mustafa R, Afreen U and Hashmi HA found that only 53(53%) of the respondents were using some sort of contraception. Barrier method (condoms) was in practice by 18(33.9%) and 12(22.6%) of women had already undergone tubal ligation. The women using injectables and intrauterine contraceptive devices were 10(18.8%) and 7(13.2%) respectively. Six were using oral contraceptive pills (11.3%). Positive attitude towards contraception was shown by 76(76%) of them, while 41(41%) stated their husbands' positive attitude towards contraception.[27]

CONCLUSION

The study reveals that majority of the women have not used any contraceptive devices where the role of husband plays the most influencing factors of non-utilization. Most of the women received advices on family planning devices during their antenatal and postnatal checkup.

Acknowledgements:I am extremely grateful to the Office of the Joint Director Kamrup Rural and Kamrup Metro and Sub Divisional Medical and Health Officer BPHC Sonapur, for their constant support and contribution towards my research work.

Conflict of interest: None declared.

Ethical clearance: Ethical Clearance was obtained from Guwahati Medical College & Hospital ethics committee.

Contribution of authors: "We declare that this work was done by the authors named in this article and all liabilities pertaining to claims relating to the content of this article will be borne by the authors. The corresponding author further declare that this piece of research work was done under the guidance of Dr. Kunjalal Talukdar, Mrs. Kobita Borah had designed the study and myself engaged in collection and analysis of data".

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