



Original Article

A Cross-Sectional Study of Contraceptive Use Among Migrant Women of Reproductive Age Group in a Rural Area of North India

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Introduction: Wide geographical variations have been observed in the practice of using contraceptives, over a large period of time. There are gaps in the information on the sporadic nature of acceptance of contraceptive practices, in view of which, this study was undertaken in a migrant population in a rural area of North India.

Material and Methods: This study was a community based and cross sectional descriptive study. The reference population was migrant women who were married and in the reproductive age group (aged 15-49 years) residing a rural area of North India. **Results:** Out of the sample of 112, there were 99 (88.39%) who practiced contraception while the remainder 13 (11.61%) did not. In case of 10 (8.93%) couples, the husbands used condoms, while in the case of remaining 89 (79.46%), the wives had undergone tubectomy. No other mode of contraception was being practiced amongst the couples. **Discussion:** In the present study, contraceptive prevalence as well as female sterilization, both area above the corresponding national figures. It has been found that unmet need decreases with age. The age at which women start bearing children is an important demographic determinant of fertility. Delayed childbearing may reduce maternal and infant health risks and in addition, provide better as well as increased opportunities for the women to acquire education and skills. **Conclusion:** From the present study it is evident that contraception is fairly well accepted, however more knowledge is needed to be disseminated to this population.

Keywords: Contraception, Migrant, Reproductive, Rural, Women

1. INTRODUCTION

A definition given by an expert Committee of the World Health Organisation (WHO), defines family

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planning as “a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individuals and couples to attain certain objectives”¹. Even though technology was available, only nine per cent of women in the developing countries had access to contraceptive services in 1965, which increased to 50 per cent by 1990. Still, wide geographical variations persisted². The world conference of the International Women’s Year 1975 declared “the right of the woman to decide freely and responsibly on the number and spacing of their children and to have access to information and means to enable them to exercise that right”. The United Nations helped to increase awareness about many issues concerning women’s health including excessive pregnancies, inappropriate timing and spacing of pregnancies and poor educational levels². Later, it was recognized that demographic goal-driven family planning programmes, may by their very nature violate basic human rights (ICPD 1994)³. The WHO reports that an estimated 94 per cent population of the world resides in countries that have policies that favour family planning. Despite these policies five out of every six couples of the reproductive age group do not use adequate measures for fertility regulation⁴. Currently, over 97 per cent of sterilisations are tubectomies⁵. It has been deduced by research that family planning is the first and most important step for rural development⁶. Family planning, in turn, means, better health for the mothers and their children and more opportunities for the family as a whole⁷. Vast majority of women in most developing countries are aware of the health risks posed by frequent pregnancies, and thus the importance of birth spacing, but this awareness has not satisfactorily translated into action². In a study conducted in a rural area of Maharashtra, India, it was observed that there were 55 (61.11%) women who practised contraception.

In case of three (3.33%) couples, the husbands used condoms, whereas in case of the remaining 52 (57.78%), wife had undergone tubectomy⁸. Another study conducted on eligible rural women revealed that most of them were concerned about child survival and also that they viewed children as an important source of their support in old age. The size of family was usually decided by in-laws and partner support played a predominant role in the decision. Pressure from the in-law to have more number of children was found to be significantly higher in families which had women who were less educated or altogether illiterate⁹. Despite the decline in total fertility rate worldwide, there are still millions of women with unmet contraceptive needs in developing countries. There are more married women with an unmet contraceptive need (about 31 million) in India than any other country¹⁰. The National Family Health Survey III (NFHS III), carried out in 29 states during 2005-06, shows that nearly 45 per cent of women in India were married off before they turned 18. It also shows that over 71 per cent of women who got married under 18 years had received no education. Early marriage impacts a woman’s health and education. It shows that women who are getting married early are giving birth also at an early age. While 52.5 per cent of the under 18 marriages were in rural areas, it was 28.1 per cent in urban areas¹¹. But the Total Fertility Rate (TFR) has shown a decline over the years. In the state of Maharashtra itself, the TFR has shown a decline, from 2.9 (NFHS-I), to 2.5 (NFHS -II) and 2.1 (NFHS -III)¹¹. Many studies have been conducted till now on this issue but there are gaps in the information on the sporadic nature of acceptance of contraceptive practices, especially in rural areas as well as in the migrant populations.¹² In view of the same, this study was undertaken in a migrant population in a rural area of North India.

2. MATERIAL AND METHODS

This study was a community based cross sectional descriptivestudy that aimed at conducting an epidemiological survey among married women in the age group of 15-49 years, in a migrant population in a rural area of North India, to find out the current contraceptive practices. The reference population was migrant women who weremarried and in the reproductive age group (aged 15-49years) residing a rural area of North India. The study was conducted from February to September 2014, when majority of this population migrates to North India from other states, for employment for agricultural purpose. Inclusion criteria were - all the migrant women who were married and in the reproductive age group (aged 15-49) residing in this area during the period of the study. Theexclusion criteria kept in mind were all women who were divorced,separated, widowed, infertile, who had attainedmenopause, who had undergone hysterectomy andwomen who werenot migrants but were permanent residentsof this area. However, in the actual studypopulation there were no women in this age group who were divorced, separated, infertile, or who had undergone hysterectomy; although there were two women who had attained menopause, one of which was also widowed. There were a total of 114 women in this age group, out of which 112 met with the inclusion criteria and were, therefore, included in the study. Aserial list of allthe married women in the reproductive age group of15 – 49 years who fulfilled the inclusion criteria was made. The youngest respondent was 16 years old while the oldest one was 42 years of age. House to house visitswere carried out and the eligible women wereinterviewed using a pre-tested standardizedquestionnaire. Verbal consent of the respondents as well as the husbands wastaken before the questionnaire was administered. Consent of the respective employers was also taken before

commencing the study. A brief introduction about the studywas given by the principal worker to the subjects. Confidentiality of the identity of therespondent and the information provided was assured.

3. RESULTS

Out of the sample of 112, there were 99 (88.39%) who practiced contraception while the remainder 13 (11.61%) did not (table-1).

Table 1: Distribution of respondents based oncontraception usage

Contraceptive users (%)			Non-users (%)	Total (%)
Tubectomy	Condom	Total users (%)		
89 (79.46%)	10 (8.93%)	99 (88.39%)	13 (11.61%)	112 (100.00%)

In case of 10 (8.93%) couples, the husbands usedcondoms, while in the case of remaining 89 (79.46%),the wives had undergone tubectomy. No other mode ofcontraception was being practiced amongst the couples.

Table 2: Distribution of contraception usage by age of respondent

Age (Years)	Contraception		Total (%)
	Users (%)	Non-users (%)	
15 to >24	29 (93.55%)	2 (6.45%)	31 (27.68%)
25 to >34	46 (82.14%)	10 (17.86%)	56 (50%)
35 to 44	24 (96%)	1 (4%)	25 (22.32%)
Total (%)	99 (88.39%)	13 (11.61%)	112 (100.00%)

Majority of the users as well as no-users of contraception belonged to the age group 25 to >34 (table-2).

Table 3: Distribution of contraception usage by ageof respondent at marriage

Age (Years)	Contraception		Total (%)
	Users (%)	Non-users (%)	
15 to >24	87 (97.75%)	3 (3.33%)	90 (80.36%)
25 to >34	12 (54.55%)	10 (45.45%)	22 (19.64%)
Total (%)	99 (88.39%)	13 (11.61%)	112 (100.00%)

Majority of the respondents got married between the age group 15 to >24, i.e., 90 (80.36%) (table – 3). The median age at marriage was found to be 16 years.

Table 4: Distribution of contraception usage by total number of children

Age (Years)	Contraception	Total (%)
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	Users (%)	Non-users (%)	
1	16 (88.89%)	2 (11.11%)	18 (16.07%)
2	56 (94.92%)	3 (5.08%)	59 (52.68%)
3	24 (88.89%)	3 (11.11%)	27 (24.11%)
4	3 (37.50%)	5 (62.50%)	8 (7.14%)
Total (%)	99 (88.39%)	13 (11.61%)	112 (100.00%)

The minimum number of children in the study population was 1 while the maximum was 4. Majority of the users of contraceptive methods had two children, i.e., 56 (94.92%), followed by those who had three children i.e., 24 (88.89%) (table – 4).

4. DISCUSSION

In the present study, the figures for contraceptive prevalence as well as female sterilization, both are above the corresponding national figures. The current level of contraceptive use i.e. contraceptive prevalence rate defined as percentage of currently married women aged 15-49 years who are currently using a method or whose husbands are using a contraceptive method, is one of the principal determinants of fertility. It is also an indicator of the success of family planning programmes¹². As per NFHS III, contraceptive prevalence rate for currently married women in India is 56 percent (four percent more than NFHS II). Female sterilization with a prevalence of 37 percent, accounts for 66 percent of all contraceptive use (NFHS II: 34.2 percent; NFHS I: 27.3 percent). In one of the states of India, the prevalence of female sterilization is 44.2 percent¹². Sterilisation has been a widely used method of contraception in India. It has been found that unmet need decreases with age, from 27 percent for women aged 15-19 years, to two percent for women aged 45-49 years. The unmet need for family planning among currently married women is 13 percent, down from 16 percent in NFHS II¹². In the present study, it was revealed that the age of users was significantly higher than non-users, which is similar to findings of previous studies¹⁴⁻¹⁶. A significant association was also found between

tubectomy and the age of the respondent at marriage ($p < 0.01$). The median age at marriage is 16 years. One in six women begins childbearing in the age group 15-19 years. The age at which women start bearing children is an important demographic determinant of fertility.¹²

Delayed childbearing may help reduce maternal and infant health risks and also provide with increased opportunities for the women to acquire education and skills¹⁶. Contraceptive methods have been found to be accepted by 56 (94.92%) of the women with two more children which reflects upon the positive response received by the small family norm propagated by the government¹⁷. In the present study the mean number of children for currently married women was found to be 2.76. There were eight respondents who had only female children and all of them were non-users. This was apparently so since the family is considered complete only if male children are there, whether they are in addition to the female children or not. It shows that the gender of the children is a determining factor for adopting any method of contraception amongst certain individuals. The extent to which the status of women is related to awareness, knowledge, and practice of family planning in India shows a definite statistical relationship between women's status and women's ability to control fertility. It was found that a higher percentage of couples who have two or more surviving children, particularly if they are boys, practiced family planning^{18,19}. Education as such has not been found to have any significant association with tubectomy although better is the educational qualification, more likely is the decision to resort to it^{17,18,20-22}. In NFHS III, overall, just over half i.e. 55 percent of women were found to be literate while 78 percent males were found to be so. In case of rural areas, 49.7 percent of women and 23.0 percent of men were found to be illiterate. The use of female sterilization, in general, has been found to

be higher for females with less education¹². In a study conducted in a developed country, it was hypothesised that the current contraceptive use among the sexually active, fertile women was related to their attitude towards the different types of contraceptive methods available, social influences, the perceptions of ability to use a method correctly and also consistently, and communication with their respective partner²³. Wealth has been found to have a positive effect on women's contraceptive use. In NFHS III, contraceptive use was found to be 42 percent among the lowest quintile, while it increased to 68 percent in the highest quintile. However, since the study population in the present study was migrant, wealth or assets were not taken into account. Nevertheless, in general, income has been found to influence the acceptance of family planning methods and an increasing trend of acceptance has been observed with the increase in income¹⁷. From the present study it is evident that contraception is fairly well accepted, however more knowledge is needed to be disseminated to this population. Since the findings of the current study are comparable to other similar studies and the NFHS III data, it highlights that the results of the current study can be used as a background to conduct more such studies so as to add to the information that already exists. It would help to generate community specific data in order to benefit for research, development and planning purposes.

Effective contraceptive practices have the potential, not only to improve the lives of the women, men and children involved, but also to benefit couples, families and communities^{23,24}. In fact, more emphasis needs to be given to the spacing methods, as has been found by an ICMR task force study. This requires greater effort on the part of policy makers and field workers to motivate couples to accept them²⁵. These elements have been incorporated in the NFHS-4 where for the first

time it will provide estimates of most of the indicators at district level for all the 640 districts in the country as per the 2011 census. The data thus collected, will provide important information to various national as well as international agencies so as to monitor and evaluate policies and programmes that are related to population, health, nutrition etc.²⁶

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