

CONTRACEPTIVE BEHAVIOUR OF COUPLES AND ITS CORRELATES IN A RURAL COMMUNITYMeghna Walia¹ and Dr. Anshu Mittal*²¹MBBS Student (Final Prof) MMIMSR, Maharishi Markandeshwar (Deemed to be University), Mullana, Ambala.²Professor and Head Department of Community Medicine MMIMSR, Maharishi Markandeshwar (Deemed to be University), Mullana, Ambala.***Corresponding Author: Dr. Anshu Mittal**

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Article Received on 05/05/2020

Article Revised on 26/05/2020

Article Accepted on 16/06/2020

ABSTRACT

Context: Population explosion in developing countries is a major problem which neutralizes all the gains and developments achieved in the country. One of the main reasons for population growth is the low prevalence rate of contraceptive use. **Objectives:** 1) To investigate contraceptive behavior of couples. 2) To identify patterns and factors associated with awareness and practice of contraception. **Methods:** A cross-sectional study under STS scheme of ICMR was conducted among 104 married women aged 18-49 years in a rural community attached with a teaching institution. Study variables included socio- demographic characteristics, reproductive health characteristics, interpersonal communication with spouse and care by spouse. **Results:** Contraceptive prevalence rate was found to be 59.6% against contraceptive awareness of 79.8%. About 54.0% women were aware of female sterilization but only 3.2 % practiced it. Illiterate and less educated women irrespective of their ages were found more likely of having no contraceptive awareness and not using contraceptives. Lack of knowledge and no faith in family planning came out to be the most common reasons of not using any contraceptive. **Conclusions and Suggestions:** Efforts should be made for improving literacy of women for increasing awareness and use of contraceptives in order to reduce unwanted births.

KEYWORDS: Births aversion; Contraceptive awareness; Contraceptive practice; Unmet need of contraception; Unwanted Births.

INTRODUCTION

Reproductive health of women has always been a matter of great concern for all the countries. Population explosions in developing countries are the major problem which neutralizes all the gains and developments achieved in the country. One of the main reasons for population growth is the low prevalence rate of contraceptive use.

According to NFHS-3 Survey, knowledge about various temporary and permanent methods among men and women ranges from 45% to 97%: 98 percent of women and 99 percent of men age 15-49 knew one or more methods of contraception.^[1] The contraceptive prevalence rate in India was reported only 56 %. Percentage of wanted births increased from 79 percent in 2005-06 to 91 percent as reported in NFHS-4 survey.^[2] According to the NFHS-4, the total unmet need for rural India was reported 13.2%

A study conducted in Haryana reported 93.5% agreement amongst husbands and wives regarding unmet need of family planning and this study reported predominant role

of husbands in deciding use of contraception.^[3] Involvement of men in reproductive health is often ignored by health programs in developing countries in spite of the fact that men are less involved in family planning.^[4,5] The gap between women's reproductive intentions and their contraceptive behavior is termed as the unmet need for contraception. Unmet need for family planning is an important indicator for assessing the potential demand for family planning services. Meeting this unmet need for contraception is one of the top priorities for family planning programs since launch of National Family Welfare Programme in 1952. The unmet need for contraception may be mainly attributed to lack of information, negative attitude, fear of adverse effects and social influences. A number of studies are available on unmet need of contraception.^[6-13] It is always a matter of public health concerns to reduce unmet need of contraception in order to avert unwanted births. For this purpose it is important to study contraceptive behavior of couples.

Therefore, present study was conducted with the following objectives:

- 1) To investigate contraceptive behavior of couples.
- 2) To identify patterns and factors associated with awareness and practice of contraception.

MATERIAL AND METHODS

The present report is an outcome of the project under Short Term Studentship (STS) Scheme of Indian Council of Medical Research (ICMR) titled "Involvement of Male Partners in Reproductive Health Care of Women in a Rural Community" conducted during 01.06.2019 to 31.07.2019.

A cross-sectional study design was adopted in a rural community attached with Rural Health Training Centre under the Department of Community Medicine of the institution. A two stage systematic sampling technique was used to select a sample of married women aged 18-49 years having at least one child. A sample of households as primary stage units (PSU) within selected area was selected systematically. Within each selected household selected as PSU, women willing to participate in the study were selected as respondents. The sample size of the main study was calculated on the basis of anticipated 54% male partner involvement in reproductive decision as key outcome parameter, assuming 95% confidence coefficient and 10% precision, the optimum sample size came out to be 96. Findings of male partner involvement in reproductive decision have been submitted in a separate article based on this STS project.

Data Collection Tools

House-to-house survey was conducted for data collection. Women in the reproductive age group with at least one child ever borne were interviewed in privacy to collect the desired information at the respondent's home at flexible time points. Predesigned and pretested semi-structured interview schedule designed after reviewing literature were used for data collection. Interview schedules were modified based on experiences of pilot survey.

Study Variables

Interview schedule was used in the study. Study variables included socio- demographic characteristics (age, religion, level of education, occupation, age at first marriage, age at first delivery, number of live children, years living with husband); reproductive characteristics, behavior of herself and perceptions of spouses in terms of past and future fertility desires, timing to have the first child, birth interval desired by each partner, intention of last pregnancy fertility preferences, contraceptive choices, attitude towards family planning, gender preference); participation of male partners in reproductive health care seeking, is attached.

Statistical Analysis

Data analysis was carried out by using Normal test of proportions for testing the significance of differences in proportions in two different sub groups. Chi square (χ^2) test was used for testing the significance of associations. Binary logistic regression analysis was used for identifying done to investigate of predictors factors associated with contraceptive awareness and practice. Odds ratios along with 95% Confidence interval were calculated for potential risk factors of non awareness and not practicing contraceptives. Data analysis was carried out by using SPSS -20 Software.

Ethical issues

Prior approval by Institutional Ethics Committee (IEC) of Maharishi Markandeshwar (Deemed to be University), Mullana, Ambala was granted vide approval letter no "Project No-1481 dated 20.04.2019". ICMR Ethical Guidelines for Biomedical Research on Human Participants (2017) were followed.^[14] Informed consents were taken and confidentiality of responses was ensured maintaining privacy of respondents.

OBSERVATIONS AND RESULTS

A total of 104 women in reproductive age group having delivered at least one child were selected in the studied area and interviewed for their reproductive health characteristics. Distribution of women by background characteristics is presented in Table-1. Out of all 104 women studied, 73(70.2%) women were having 5 or more family size. Half of them were of low socio-economic status (SES) and about 80% of them were Hindus. Exactly 52(50.0%) were from joint families. Majority of them (43.3%) were belonging to age group 36-49 years with mean age of 35.56 ± 1.033 years. They represented almost all socio-economic classes and educational categories. Out of all respondents, majority 87(83.7%) were housewives.

Table -2 presents contraceptive behavior of women. About 80% women were aware of at least one contraceptive and awareness of contraceptive was mostly from health staff followed by mass media. Out of all women, 62(59.6%) women ever used contraceptive. Among all women aware of contraceptives, contraceptive was used by 74.7% women. There were 17(27.4%) women who reported initiation of contraceptive use when no child was born. About 77% of their spouses started using contraceptives before birth of first child. IUCD was the most common method of contraception used by 15(39.5%) contraceptive user women. Safe methods were being adopted by 14(36.8%) couples. Among 42 couples not using any contraceptives, lack of knowledge (28.6%) came out to be the most common reasons of not using any contraceptive followed by no faith in family planning (7.1%). Table-3 presents gap between awareness and practice of different methods of contraception. Maximum awareness was of spacing methods. There were 64(61.5%) women aware of condoms, whereas 34(32.7%) women were aware of

IUCD (Cu-T). Awareness of permanent methods: tubectomy and vasectomy were found among 36(34.6%) and 25(24.0%) respectively. Use of condoms as spacing method was the most common method of contraception reported by 28(26.9%) women. Overall gap between awareness and practice of contraception comes out to be 20.2%. The maximum gap of 31.7% was reported for female sterilization. Comparison of means ages of wife and husband by contraceptive awareness, contraceptive practice, are presented in Tables-4. Ages of women or men who were aware and not aware of contraceptive were not found significant. Similarly there was no significant difference between their mean ages for users and non user categories.

Factors affecting contraceptive awareness were studied on the basis of bivariate analysis as presented in Table-5.

Education of Wife ($P<0.001$), education of husband ($p=0.01$), socio-economic status ($P=0.028$), age of husband ($p=0.046$), age at marriage ($P=0.013$), having

male child ($p=0.044$) came out to be significant correlates of contraceptive awareness. Factors significantly associated for contraceptive practice included education of wife ($P<0.001$), education of husband ($P = 0.004$), socio-economic status ($P= 0.046$), having male child ($P= 0.037$) as presented in Table-6.

Based on logistic regression of factors not aware of contraceptives only educational status of wife came out to be significant correlate of awareness of contraceptive and other factors lost their significance. Illiterate and only primary educated women were found at significantly higher risk of having no awareness of contraceptive ($P=0.008$) as shown in Table-7. Similarly, illiterate and only primary educated women were found at significantly higher risk of not using contraceptive ($P=0.009$) as shown in Table-8. Other factors significantly associated with outcome in bivariate analysis lost their respective significance.

Table 1: Distribution of Women by Background Characteristics.

| Background Characteristic | No | % |
|------------------------------------|-----|-------|
| Family Size | | |
| 3-4 | 31 | 29.8 |
| 5 or more | 73 | 70.2 |
| Total | 104 | 100.0 |
| Socio-economic Status (SES) | | |
| Lower/Upper Lower | 52 | 50.0 |
| Lower Middle/Upper Middle | 38 | 36.5 |
| Upper Class | 14 | 13.5 |
| Total | 104 | 100.0 |
| Religion | | |
| Hindu | 83 | 79.8 |
| Muslim | 14 | 13.5 |
| Sikh | 5 | 4.8 |
| Others | 2 | 1.9 |
| Total | 104 | 100.0 |
| Caste | | |
| SC | 20 | 19.2 |
| ST | 1 | 1.0 |
| OBC | 26 | 25.0 |
| Others | 57 | 54.8 |
| Total | 104 | 100.0 |
| Family Type | | |
| Joint | 52 | 50.0 |
| Nuclear | 50 | 48.1 |
| Extended | 2 | 1.9 |
| Total | 104 | 100.0 |
| No of Children | | |
| 1-2 | 65 | 62.5 |
| 3 or More | 39 | 37.5 |

Table 2: Contraceptive Behaviour of Women.

| Contraceptive Behaviour | No | % |
|---|----|-------|
| Awareness of contraceptives | | |
| Yes | 83 | 79.8 |
| No | 21 | 20.2 |
| Source of Knowledge (N= 83) | | |
| Doctors | 30 | 36.1 |
| Health staff | 41 | 49.4 |
| Friends / Relatives | 23 | 27.7 |
| Mass media | 30 | 36.1 |
| Others | 9 | 10.8 |
| Ever used /currently using any contraceptive | 62 | 59.6 |
| Children at the time of starting contraceptive by women (N=62) | | |
| No response | 18 | 29.0 |
| None | 17 | 27.4 |
| 1 | 25 | 40.3 |
| 2 or more | 2 | 3.2 |
| Total | 62 | 100.0 |
| Children at the time of starting contraceptive by spouse | | |
| None | 80 | 76.9 |
| 1 | 20 | 19.2 |
| 2 | 4 | 3.8 |
| Reasons of not using Contraceptives (N=42) | | |
| Want more children | 2 | 4.8 |
| Lack of knowledge | 12 | 28.6 |
| Ill health of either partner | 2 | 4.8 |
| No faith in Family Planning | 3 | 7.14 |
| Spouse does not like | 2 | 4.8 |
| Mother-in-law does not like | 1 | 2.4 |
| Against religion | 1 | 2.4 |
| Other family member does not like | 1 | 2.4 |
| Loss of pleasure | 1 | 2.4 |
| Not good for health | 1 | 2.4 |
| Worried of side effects | 1 | 2.4 |
| Not available easily | 1 | 2.4 |
| Breast feeding | 1 | 2.4 |
| Health related reasons | 1 | 2.4 |
| Others | 2 | 4.8 |

Table 3: Gap between Contraceptive Awareness and Practice.

| Knowledge of wife regarding contraceptive methods | Contraceptive Awareness | Contraceptive Practice | Gap between awareness and practice |
|---|-------------------------|------------------------|------------------------------------|
| Female sterilization/ Tubectomy | 36(34.6) | 3(2.9) | 33(31.7) |
| Male sterilization /Vasectomy | 25(24.0) | 1(1.0) | 24(23.1) |
| IUCD (Cu-T) | 34(32.7) | 3(2.9) | 31(29.8) |
| Oral Pills | 33(31.7) | 7(6.7) | 26(25.0) |
| Injections | 11(10.6) | 1(1.0) | 10(9.6) |
| Condom | 64(61.5) | 28(26.9) | 36(34.6) |
| Foam-Jelly, cream, diaphragm | 6(5.8) | - | 6(5.8) |
| Safe Period/Withdrawal | 11(10.6) | 5(4.8) | 6(5.7) |
| No response /Do not know | 6(5.8) | 4(3.8) | 2 (2.0) |
| Overall | 83(79.8) | 62(59.6) | 21(20.2) |

Figures in () indicate percentages

Table 4: Comparison of Means Ages of Wife and Husband by Contraceptive Awareness.

| Awareness/Practice | N | Age | | 95% Confidence Interval for Mean | | P-Value |
|-----------------------------------|------------|--------------|----------------|----------------------------------|--------------|---------------|
| | | Mean | Std. Deviation | Lower Bound | Upper Bound | |
| Awareness of Contraceptive | | | | | | |
| Wife Aware | 83 | 35.60 | 10.357 | 33.34 | 37.86 | |
| Wife Not Aware | 21 | 35.38 | 10.500 | 30.60 | 40.16 | |
| Total | 104 | 35.56 | 10.335 | 33.55 | 37.57 | P=0.93 |
| Husband | | | | | | |
| Husband Aware | 83 | 39.55 | 10.807 | 37.19 | 41.91 | |
| Husband Not Aware | 21 | 38.86 | 11.029 | 33.84 | 43.88 | |
| Total | 104 | 39.41 | 10.801 | 37.31 | 41.51 | P=0.79 |
| Contraceptive Practice | | | | | | |
| Wife Users | 62 | | | 32.16 | 36.58 | |
| Wife Non users | 42 | 37.31 | 12.276 | 33.48 | 41.14 | |
| Total | 104 | 35.56 | 10.335 | 33.55 | 37.57 | P=0.16 |
| Husband | | | | | | |
| Husband Users | 62 | 38.13 | 8.875 | 35.88 | 40.38 | |
| Husband Non users | 42 | 41.31 | 13.028 | 37.25 | 45.37 | |
| Total | 104 | 39.41 | 10.801 | 37.31 | 41.51 | P=0.14 |

Table 5: Bivariate Analysis: Factors Affecting Contraceptive Awareness.

| Factors | Category | Contraceptive Awareness | | Total |
|----------------------------|--------------------|-------------------------|----------------------|-----------|
| | | Yes | No | |
| Number of Children | | | | |
| | 3 or more | 57(68.7) | 12(57.1) | 69(66.3) |
| | Less than 3 | 26(31.3) | 9(42.9) | 35(33.7) |
| | | $\chi^2 = 0.998$ | P= 0.318 | |
| Education of Wife | | | | |
| | Others | 60(72.3) | 6(28.6) | 66(63.5) |
| | Illiterate/Primary | 23(27.7) | 15(71.4) | 38(36.5) |
| | | $\chi^2 = 13.814$ | P< 0.001** | |
| Education of Husband | | | | |
| | Others | 74(89.2) | 14(66.7) | 88(84.6) |
| | Illiterate/Primary | 9(10.8) | 7(33.3) | 16(15.4) |
| | | $\chi^2 = 6.512$ | P=0.01* | |
| Socio-economic Status | | | | |
| | Middle/High | 46(55.4) | 6(28.6) | 52(50.0) |
| | Low | 37(44.6) | 15(71.4) | 52(50.0) |
| | | $\chi^2 = 4.833$ | P=0.028* | |
| Age of Wife | | | | |
| | Above 21 | 82(98.8) | 20(95.2) | 102(98.1) |
| | Upto 21 | 1(1.2) | 1(4.8) | 2(1.9) |
| | | $\chi^2 = 1.124$ | P=0.289 | |
| Age of Husband | | | | |
| | Above 21 | 83(100) | 20(95.2) | 103(99.0) |
| | Upto 21 | 0(0) | 1(4.8) | 1(1.0) |
| | | $\chi^2 = 3.991$ | P=0.046* | |
| Age at Marriage | | | | |
| | Above 21 | 26(31.3) | 1(4.8) | 27(26.0) |
| | Upto 21 | 57(68.7) | 20(95.2) | 77(74.0) |
| | | $\chi^2 = 6.152$ | P=0.013* | |
| Desire for son | | | | |
| | Yes | 66(79.5) | 15(71.4) | 81(77.9) |
| | No | 17(20.5) | 6(28.6) | 23(22.1) |
| | | $\chi^2 = 0.637$ | P=0.425 | |
| Having Male Child | | | | |
| | Yes | 43(51.8) | 16(76.2) | 59(56.7) |
| | No | 40(48.2) | 5(23.8) | 45(43.3) |
| | | $\chi^2 = 4.059$ | P=0.044* | |
| Interpersonal Relationship | | | | |

| | | | | |
|----------------|------------------|------------------|-----------------|-------------------|
| | Not Good | 18(21.7) | 6(28.6) | 24(23.1) |
| | Good | 65(78.3) | 15(71.4) | 80(76.9) |
| | | $\chi^2 = 0.448$ | P= 0.504 | |
| Type of Family | | | | |
| | Nuclear/Extended | 41(49.4) | 11(52.4) | 52(50.0) |
| | Joint | 42(50.6) | 10(47.6) | 52(50.0) |
| | | $\chi^2 = 0.06$ | P= 0.81 | 104 |
| Overall | | 62(59.6) | 42(40.4) | 104(100.0) |

Figures in () indicate percentages.

P> 0.05 Non Significant,*P<0.05 Significant, **P<0.001 Highly Significant.

Table 6: Bivariate Analysis: Factors Affecting Contraceptive Practice.

| Factor | Category | Contraceptive Practice | | Total |
|----------------------------|--------------------|------------------------|---------------------|-------------------|
| | | Yes | No | |
| Number of Children | | | | |
| | 3 or more | 44(71.0) | 25(59.5) | 69(66.3) |
| | Less than 3 | 18(29.0) | 17(40.5) | 35(33.7) |
| | | $\chi^2 = 0.89$ | P= 0.291 | |
| Education of Wife | | | | |
| | Others | 48(77.4) | 18(42.9) | 66(63.5) |
| | Illiterate/Primary | 14(22.6) | 24(57.1) | 38(36.5) |
| | | | P<0.001** | |
| Education of Husband | | | | |
| | Others | 58(93.5) | 30(71.4) | 88(84.6) |
| | Illiterate/Primary | 4(6.5) | 12(28.6) | 16(15.4) |
| | | | P= 0.004** | |
| Socio-economic Status | | | | |
| | Middle/High | 36(58.1) | 16(38.1) | 52(50) |
| | Low | 26(41.9) | 26(61.9) | 52(50) |
| | | $\chi^2 = 3.994$ | P= 0.046* | |
| Age of Wife | | | | |
| | Above 21 | 62(100) | 40(95.2) | 102(98.1) |
| | Upto 21 | 0(0) | 2(4.8) | 2(1.90) |
| | | $\chi^2 = 3.010$ | P= 0.083 | |
| Age of Husband | | | | |
| | Above 21 | 62(100) | 41(97.6) | 103(99.0) |
| | Upto 21 | 0(0) | 1(2.4) | 1(1.0) |
| | | $\chi^2 = 1.491$ | P= 0.222 | |
| Age at Marriage | | | | |
| | Above 21 | 18(29.0) | 9(21.4) | 27(26.0) |
| | Upto 21 | 44(71.0) | 33(78.6) | 77(74.0) |
| | | $\chi^2 = 0.753$ | P= 0.385 | |
| Desire for son | | | | |
| | Yes | 51(82.3) | 30(71.4) | 81(77.9) |
| | No | 11(17.7) | 12(28.6) | 23(22.1) |
| | | $\chi^2 = 1.705$ | P= 0.192 | |
| Having Male child | | | | |
| | Yes | 30(48.4) | 29(69.0) | 59(56.7) |
| | No | 32(51.6) | 13(31.0) | 45(43.3) |
| | | $\chi^2 = 4.354$ | P= 0.037 | |
| Type of Family | | | | |
| | Nuclear/Extended | 31(50.0) | 21(50.0) | 52(50.0) |
| | Joint | 31(50.0) | 21(50.0) | 52(50.0) |
| Interpersonal Relationship | | | | |
| | Not Good | 16(25.8) | 8(19.0) | 24(23.1) |
| | Good | 46(74.2) | 34(81.0) | 80(76.9) |
| | | $\chi^2 = 0.644$ | P= 0.422 | |
| Overall | | 62(59.6) | 42(40.4) | 104(100.0) |

Figures in () indicate percentages.

P> 0.05 Non Significant,*P<0.05 Significant, **P<0.001 Highly Significant.

Table 7: Logistic Regression of Factors not Aware of Contraceptives.

| Factor | B | S.E. | Sig. | Odds Ratio = Exp(B) | 95% CI for OR | |
|---|--------|-------|--------|---------------------|---------------|--------|
| | | | | | Lower | Upper |
| Three or more vs. less children | -.290 | .692 | .676 | .749 | .193 | 2.907 |
| Illiterate/primary vs. educated wife | 1.868 | .709 | .008** | 6.473 | 1.614 | 25.962 |
| Illiterate/primary vs. educated husband | .600 | .751 | .424 | 1.822 | .418 | 7.936 |
| Low vs. middle/high SES | .396 | .678 | .559 | 1.486 | .394 | 5.608 |
| Married up to 21 years vs. later | 2.141 | 1.132 | .058 | 8.512 | .926 | 78.229 |
| No male child | -.697 | .666 | .295 | .498 | .135 | 1.837 |
| Good personal relation vs. Not Good | -.221 | .699 | .752 | .802 | .204 | 3.155 |
| Age of wife up to 25 years vs. higher | -1.633 | 1.188 | .169 | .195 | .019 | 2.005 |
| Age of husband up <30 years vs. higher | .456 | 1.171 | .697 | 1.577 | .159 | 15.659 |
| Constant | -3.061 | 1.556 | .049* | .047 | | |

Figures in () indicate percentages.

P> 0.05 Non Significant, *P<0.05 Significant, **P<0.001 Highly Significant.

Table 8: Logistic Regression of Factors not Using Contraceptives.

| Factor | B | S.E. | Sig. | Odds Ratio = Exp(B) | 95% CI for OR | |
|---|--------|------|--------|---------------------|---------------|--------|
| | | | | | Lower | Upper |
| Three or more vs. less children | .077 | .561 | .891 | 1.080 | .359 | 3.246 |
| Illiterate/primary vs. educated wife | 1.385 | .529 | .009** | 3.996 | 1.416 | 11.276 |
| Illiterate/primary vs. educated husband | 1.224 | .719 | .089 | 3.400 | .830 | 13.930 |
| Low vs. middle/high SES | .327 | .520 | .530 | 1.386 | .500 | 3.844 |
| Married up to 21 years vs. later | .054 | .551 | .921 | 1.056 | .358 | 3.111 |
| No male child | -.669 | .501 | .182 | .512 | .192 | 1.367 |
| Good personal relation vs. Not Good | .646 | .590 | .273 | 1.908 | .601 | 6.064 |
| Age of wife up to 25 years vs. higher | -1.076 | .879 | .221 | .341 | .061 | 1.910 |
| Age of husband up <30 years vs. higher | -.256 | .842 | .761 | .774 | .149 | 4.033 |
| Constant | -.542 | .936 | .562 | .582 | | |

Figures in () indicate percentages.

P> 0.05 Non Significant, *P<0.05 Significant, **P<0.001 Highly Significant

DISCUSSION

Present study included 104 women in reproductive age group having delivered at least one child. Overall contraceptive awareness and its practice in the present study were only 79.8% and 59.6% respectively resulting in gap between awareness and awareness of contraceptives of 20.2%. Lack of knowledge (28.6%) came out to be the most common reasons of not using any contraceptive followed by no faith in family planning (7.1%). None of the difference between mean ages was found statistically significant meaning thereby that age of female and male partners were not significant correlates for contraceptive awareness and contraceptive practice. Women and men were having contraceptive awareness and contraceptive practice irrespective of their ages. Illiteracy/lack of education came out to be risk factor of low contraceptive awareness as well as of not using contraceptives by couples.

Contraceptive awareness and practice in the present study comes out to be low as compared to findings of NFHS-3 and NFHS-4 surveys.^[1,2] The contraceptive prevalence rate in India was found to be 56 percent in NFHS-3 Survey, though 98 percent of women and 99 percent of men aged 15-49 years knew one or more methods of contraception.^[1] According to NFHS-4, female sterilization is utilized by 35.7% of women,

whereas, male sterilization is utilized by only 0.3% males.^[2]

Awareness of female sterilization was 34.6% but only 2.9 % practiced it. Use of condoms as spacing method was the most common method of contraception reported by 26.9% women. Use of other methods was also not so prevalent in our study. Overall contraceptive practice in our study was 59.6% as compared to contraceptive use rate of 45.7% reported in Allahabad.^[15] Most commonly used method was female sterilization (53.98%), followed by condom (18.40%), then IUCDs (13.49%), injectables, OCPs and Natural methods (approx 4%) use among women in Allahabad in that study.

In a study by Kansal et al (2005), couple protection rate was found to be about 49.9% in Dehradun.^[16] Contraceptive 'ever users' rate in Delhi was found to 75% in study conducted by Bhasin, Pant and Kumar (2005).^[17] The study conducted in Orissa showed that almost half of the subjects were using some family planning methods and 1/3rd of them relied on traditional method of contraception.^[18]

In the present study, awareness of permanent methods: tubectomy and vasectomy were found among 34.6% and 24.0% women respectively. According to NFHS-3

Survey, knowledge about various temporary and permanent methods among men and women ranges from 45% to 97%: 98 percent of women and 99 percent of men age 15-49 knew one or more methods of contraception.^[1] Over 94 percent of women and men knew about female sterilization. Male sterilization, by contrast, is known only by 79 percent of women and 87 percent of men. Ninety-three percent of men knew about condoms, compared with 74 percent of women. According to NFHS-4 survey, preference for usage of contraceptive to limit family size is more or less decided by the male partners especially in less developed countries like India, but in the present study women were also found to decide contraceptives. Illiterate and only primary educated women were found at significantly higher risk of having no awareness of contraceptive as well as for not using contraceptive. It supported the fact that literacy among females is the best contraceptive.

Lack of knowledge and no faith in family planning came out to be the most common reasons of not using any contraceptive in our study. Whereas, fear of side-effects (37.5%) followed by in-laws disapproval (21.9%) were reasons of not using contraceptives reported in a rural community of Haryana in an earlier study.^[19] Reasons of non-use of family planning methods observed in our study do not agree with the findings of study conducted in rural Egypt wherein infrequent sex (27.3%), fear from the side effects (25%) and husband opposition (15.9%) were the most frequent reasons for non-use of family planning methods among women with unmet need.^[20] Present study reported about 4 % induced and 7.7% spontaneous abortions. In India, 33% of an estimated 48.1 million pregnancies are reported to end in induced abortions.^[21]

Present study has some limitations in terms of small sample size because of time constraints being project undertaken under STS scheme of ICMR. Moreover, responses of females only were relied upon for collecting desired information on fertility related parameters of couples as male partners could not be interviewed.

CONCLUSIONS

Women and men were having contraceptive awareness and contraceptive practice irrespective of their ages. The results of indicate large gap in contraceptive awareness and practice thereof. Illiteracy/lack of education emerged as the major risk factor of low contraceptive awareness as well as its practice Efforts should be made for improving literacy for reducing unmet need of contraception and averting unwanted births.

ACKNOWLEDGEMENTS

The present report is an outcome of the project under Short Term Studentship (STS) Scheme of ICMR entitled "Involvement of Male Partners in Reproductive Health Care of Women in a Rural Community"(References ID: 2019-03217). Authors acknowledge ICMR for providing financial assistance. We also express sincere thanks to

Research Committee of the University for providing necessary inputs and support for conducting present research in the institute.

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