



Original Research Article

The contraceptive behaviour of ever married women in tribal area of Ahmednagar district, Maharashtra

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ABSTRACT

Introduction: The contraceptive behaviour of the population in reproductive age group has got an important role to play in deciding the population size of a particular country. There are many factors which decides the contraceptive behaviour of males and females. The scheduled tribes are known to be traditionally less educated and away from the modern world. Hence, in present study an attempt was made to study the contraceptive behaviour of tribal women in Akole block of Ahmednagar district of Maharashtra.

Methodology: Descriptive cross-sectional study was conducted in Tribal area of Akole taluka in Ahmednagar district of Maharashtra among Ever married women (EMW). Interview of 392 EMW was carried out with selection as per systematic random sampling method.

Results and Discussion: Total 392 EMW with mean age and age at marriage of the study population was 26.65 ± 5.1 and 17.97 ± 1.08 respectively were interviewed. 85.50% of married women had knowledge about one or other methods of family planning. Contraception use among EMW was 69.6% however it was only 41.40% in men. The contraceptive morbidity encountered by the participants was quite low i.e. 11.3%. Various barriers were also reported for using contraception.

Conclusion: The knowledge of contraception among tribal women was 85.5% however prevalence was only 69.3%. The contraception use by male was low showing their poor involvement in family planning.

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1. Introduction

The planners and decision maker across the world are facing huge challenge of controlling the human population growth. Family planning programme is recognized as a key intervention for population control. Over the past 40 years, there have been significant advances in contraceptive methods; its approaches and services. India is ranking second in terms of population size followed by China. It constitutes $1/5^{th}$ world's population. As per the UN estimates, India's population is likely to reach at 1.53 billion by 2050 and then India will be ranking at the top in terms of population size.¹ This rise in population has deleterious effect on socio-economic development. During 2001-2010, annual growth rate of India's population was 1.64% as

compare to the world which was 1.23%. The acceptance level for contraception between societies, religions, and cast in India varies widely. India has the majority of the rural population i.e. 68.84%.² According to National Family Health Survey (NFHS) 4,³ use of contraceptive method is 53.5% with slightly higher uses of contraception in urban areas (57.2%) than the rural areas (51.7%). The prevalence of contraception has declined from 56.3% to 53.5%, when compared to NFHS-3.⁴ Whereas, in 2017, 67% of the married women and women in-union used some or the other kind of contraception in the world.⁵

The schedule tribes in India accounting around 104 million population are traditionally known as poor and educationally and economically backward community. The tribal population known as 'Scheduled Tribes' by constitution of India are one of the lowest and traditionally poorest group in India accounting around 104 million.

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Total tribal population of Maharashtra is 2,156,957. Out of which total tribal population of Ahmednagar district is 3, 78,230. It constitutes 8.33% of total tribal population of Maharashtra and 5.1% of total tribal population of India.² The total fertility rate of the scheduled tribes is 2.5 which is higher than other social groups.³ In Maharashtra, 66.9% population uses any one or the other contraceptive methods, out of which 65.3% is in urban and 68.3% is in rural. The contraceptive behaviour of the population in reproductive age group has got an important role to play in deciding the population size of a particular country. There are many factors which decides the contraceptive behaviour of males and females. The scheduled tribes are known to be traditionally less educated and away from the modern world. With this background, the present study was conducted among the tribal married women of Akole taluka in Ahmednagar district of Maharashtra state.

2. Methodology

The descriptive cross-sectional study was conducted in tribal area of Akole taluka in Ahmednagar district of Maharashtra. The study was carried out among the ever married women of tribal population. According to 2011 census, population of Akole taluka is 2, 91,950 in which tribal population is 47.9% i.e. 1, 39, 730 out of which females are 69,403. The sample size was calculated by taking the overall prevalence of contraception in tribal population is 44.6%,⁶ hence the calculated sample size was 379 ($Z=1.96$ and $d=0.05$). Akole taluka has three major revenue blocks which are Rajur (81.36% tribes), Kotul (46.04% tribes) and Akole (29.6% tribes). Rajur being the revenue block with highest tribal population was selected. The criteria for inclusion of villages in the study was villages with and above 95% of tribal population, and having female population of 51% or above. There were 14 villages fitting in this criteria, hence all were included in study. Data was collected by one to one personal interview of ever married women (EMW) using systematic random sampling method by obtaining the list of EMW from ASHA and AWW of respective village. Minimum sample per village (i.e. 28) was calculated by dividing total sample size (379) with villages included in the study (14). Sampling interval was calculated by taking village with lowest female population and by dividing it with minimum sample size per village i.e. 28. Hence, every sixth EMW of the list was included in the study. Non tribal women from the list were excluded from the study. The data was collected with a pretested semi structured data collection tool.

3. Result and Discussion

3.1. Demographic characteristics of the study participants

A total of 392 married women in reproductive age group were interviewed. Mean age and age at marriage of the study population was 26.65 ± 5.1 and 17.97 ± 1.08 years respectively. According to the frequency and percentage distribution, majority of the participants (69.1%) were between the age group of 21 to 30 years. Among 392 participants, 165 (42.1%) participants were educated till Secondary School. 23% of the participants had completed education till Higher secondary School, which is almost half of the participants having education till Secondary School. This reflects that maximum dropouts might occur after completing the education till Secondary School. 6.1% of participants were having quite low educational status i.e. less than Primary School.

3.2. Knowledge of contraceptive methods

85.50% of married women had knowledge about one or other methods of family planning, while 14.5% married women were lacking the knowledge of contraception. In a study conducted, it showed that prevalence of knowledge about any contraceptive method among married tribal women of reproductive age group was 97%.⁶ Knowledge about modern methods of family planning is comparatively higher than the traditional methods. Among the modern methods, the knowledge about, female sterilization, male sterilization, oral pill, emergency contraceptives and male condom is slightly more than the, IUDs, female condoms and injectable. Increased involvement of family planning and health workers, contributed much in generating awareness about the family planning. The source of knowledge identified in the study were classmates & friends, family planning professionals, TV & radio, family, newspaper & periodicals, medical staff, course education and networking.

3.3. Current use of contraceptive method

Despite the high level of knowledge about family planning among population, it is not transmitted into practice. Contraception use was seen 69.6% including both traditional and modern methods. 33% study population uses withdrawal method, 34% uses permanent sterilization (all were females), 7% uses calendar method, while only 19% male condoms and 7% IUDs are utilized. The prevalence of contraception in the study area was quite higher as compare to other study which reported a prevalence of 40.7% Tribal Eligible Couples in Bankura district of West Bengal.⁷

3.4. Male involvement in family planning

The study reflected that out of the participants who had knowledge about contraception, 71.4% married women said that their partners agree for contraception. Use of contraception by male partners was found to be low i.e. only 41.40% even though they are agreeing to use contraception, they are not using it themselves. The reasons for not using male sterilization encountered were, expecting more children by 29.3%, female sterilization is easy by 9.52%, female is the one who should do by 16.12%, not comfortable by 8.1%, partner's disagreement by 15% and fear of losing sexual strength by 18.7% of the participants. According to NFHS-4,³ 47.8% women reported the use of any female modern method as against only 5.9% of using any male method and male sterilisation's share in family planning methods was 0.62% despite being safer, quicker and easier.

3.5. Contraceptive morbidity

The contraceptive morbidity encountered by the participants was quite low i.e. 11.3% because of minimal use of modern methods of contraception. Various types of contraceptive morbidity encountered included weakness/inability to work (19.35%), abdominal pain (19.35%), Body ache/backache (13%), Weight gain (9.7%), Excessive bleeding (3.22%), Cramps (9.7%), Pain during coitus (13%) and Burning sensation during coitus (3.22%). Contraceptive failure was found to be 11.6% as a contraceptive morbidity. In a study conducted in North East of India⁸ body ache/backache (4.5%), was the most reported morbidity followed by, abdominal pain (3.6%) and irregular periods (2.3%), which is somewhat similar to the finding of the present study. This study states that even though males are agreeing to use contraception, but they are not using it themselves, by not opting male condoms and male sterilization methods of contraception.

3.6. Barriers in using contraception

Majority of the participants i.e. 31% didn't use contraception because they didn't prepare the pills or tools for unplanned sex, 21% participants were expecting more children, 14.5% participant's partner didn't want them to use, 14.5% were not active sexually, 6.45% thought occasional sex could not lead to pregnancy, while 1.61% didn't know how to use the contraceptives. Some studies revealed that nearly 7.2% of women were not using any contraceptive methods because of opposition in husband and others.⁹

4. Conclusion

The knowledge of contraception among the ever married women of tribal area was as high as 85.5%, while a gap

between knowledge and practice was discovered as the prevalence of contraception was only 69.6%. The use of modern contraceptives methods was found to be relatively low in comparison to their knowledge regarding the same. Contraceptive morbidity in the study participants was very low. The study has reported a poor involvement of male in family planning as there was low use of contraception by male and major barrier for using contraception among tribal women was also partner's disagreement.

5. Source of Funding

None.

6. Conflict of Interest

None.

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