

## CONTRACEPTIVE UTILIZATION IN 842 RURAL WOMEN IN PHC KAMAN

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### SUMMARY

Contraceptive utilization was studied by prospective follow up in 842 women enrolled from two subcentres of PHC Kaman (Thane), over a period of 4 years. Contraceptive methods were adopted by 57% of couples, tubal sterilization 21.3% and vasectomy by 0.4% only. Although the initial acceptance of spacing methods was good (35.3%) the continuation rate as confirmed in a smaller sample was very low (29.7%). Firm motivation and assurance of good follow up care during use of pills or IUDs will help to increase continuation rates of spacing methods.

### Introduction

The third world countries are facing a major obstacle in development in the form of population explosion. Despite a favourable national health policy including liberalisation of abortions india has not recorded a major dent in the rising population growth rate. It is well known that most developed countries have controlled their population growth with existing contraceptives. With a view to determine the extent of utilization of existing contraceptive services in rural areas the Institute extended its field of work to Primary Health Centre at Kaman, Dist. Thane. To the best of our knowledge this

is the first prospective study to report the continuation rates of spacing methods in rural population and needs to be considered although the numbers are small due to the multiple problems in follow up of these cases.

### Material and methods

Kaman is situated at a distance of 50 kms. from the Institute and caters to tribal and nontribal population. Weekly antenatal clinics were organised in collaboration with the PHC staff in two of its subcentres, Kaman and Juchandra, by the Institute staff and cases were followed up postnatally. Postnatal cases directly coming for immunisation of children were also followed up.

A total of 887 antenatal and 66 post-natal cases were enrolled from Jan.1985 to Oct.1988. Out of these 111 cases were not expected to deliver by mid September so that the number of women eligible for any type of contraception was 842. Motivation for family planning was made by the PHC staff as well as the Institute staff. However due to the inadequate follow up records provided by the PHC staff, the Institute staff started making home visits from July 1987. Recently the Institute staff has also started regular health education programmes for the two subcentres. The duration of contraceptive use was recorded at home visits. Only those cases for whom reliable data was obtained have been reported as users. Reasons for closure could be confirmed in some cases only and will be reported with a larger sample size.

**Results**

Out of 842 women, 479 had accepted contraception and were classified as users

(56.9%), the remaining 363 being nonusers (43.1%). Their age ranged between 18 to 35 years. The duration of use could be ascertained in 192 cases.

The use of various contraceptives in these women is given in Table 1. Sterilisation was adopted by 181 (21.5%) couples and 298 (35.4%) had adopted spacing methods. Vasectomy was accepted by only 3 couples (less than 1%).

Out of nonusers 63(10%) women were pregnant again at the time of follow up. The number of women who had shifted residence was 90 (10.7%), and those not found at home at home visit were 89 (10.6%).

The duration of use of condoms could be confirmed in a few cases only hence the duration of use is classified for two methods only, oral pills and Copper T as described in Table 2. With respect to the continuation of methods for spacing children out of 63 pill users 42 (66.7%) had

**TABLE 1**  
**USE OF VARIOUS CONTRACEPTIVE METHODS BY 842 RURAL COUPLES(KAMAN)**

Type of contraceptive	Pills	Copper-T	Condoms	Sterilisation		Total users
				Male	Female	
No	63	222	13	3	179	480
%	7.5	26.3	1.5	0.4	21.3	57

**TABLE 2**  
**DURATION OF USE OF PILLS AND IUDS IN 192 WOMEN IN KAMAN**

Duration Months		<2	2-6	7-12	13-18	19-24	>24
Pills	Closed	32	22	5	2	3	-
	Active	31	3	12	12	4	-
	Total	63	25	17	14	7	-
IUDs	Closed	68	16	20	17	8	3
	Active	61	6	5	15	21	4
	Total	129	22	25	32	29	7

discontinued the use of pills within 6 months. The percentage of users continuing beyond 1 year was only 11.1%. Out of 129 Copper-T users 36.5% had discontinued use within 6 months and only 38.7% continued beyond 1 year.

### Discussion

In spite of favourable Government policies the birth rate in India has not shown a significant decline. The percentage of women using any method was 56.9%. This appears to be satisfactory when compared with the national average of 34.9% and 54.9% in Maharashtra (Annual Report, Institute for Research in Reproduction) (MR, 1982). The percentage of eligible couples using any method in general population was 28.1% as observed in a survey carried out by the Institution the same PHC in 1986 (Unpublished data). Hence this couple protection rate appears to be satisfactory. Nevertheless it must be remembered that this is a selected sample of women who visited the clinic at least once for antenatal or postnatal check up. They were therefore actively followed up by the field staff. However these women are also highly fertile and their protection would contribute to a lowering of birth rate. This can only happen if they use the methods for at least 3 to 5 years. This prospective follow up study has however shown that the continuation rate of spacing methods was very poor. Only 29.7% of cases continued beyond 1 year, 38.5% of Copper-T cases and 11.1% of pill cases. This is in contrast to the continuation rate of 61.7% reported for Urban population (Year Book Family Welfare Programme in India (86-87), 1988)

Extrapolating the observed continuation rate to the total users the effective

couple protection rate, including sterilizations, then falls from 56.9% to 32.5% only. The importance of a proper follow up after the initial acceptance of pills or IUDs cannot be over emphasised. It is also important to remember that many of these women accept a method during lactational amenorrhoea and the short term use of any method will not help spacing of births. The only way long term use of spacing methods will be ensured is through intense health education, follow up and convincing women that they will receive care if they have medical problems during use of pills or IUDs. This can only be achieved by consistent availability of medical care within the reach of these women and our attempt at these two subcentres is to demonstrate the usefulness of weekly visits by a medico-social team in increasing the long term acceptance of contraceptives. One of the reasons for poor contraceptive use in this PHC could be that almost 1/4th of its population is tribal.

Another disturbing finding in this study was that the acceptance of vasectomy in this population was virtually nil. This trend may be difficult to reverse in the absence of major sociocultural and perhaps political revolutions.

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### References

1. *Annual Report, Institute for Research in Reproduction, Indian Council of Medical Research, pp 95-96, 1982.*
2. *Yearbook of Family Welfare programme in india (1986-1987), Government of India, Ministry of Health and Family Welfare, pp 213-218, 1988.*