

## A Study of Contraceptive Practices in Rural Areas of Maharashtra

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### Abstract

**OBJECTIVES** : 1.To study the types of contraception  
2. To study the reasons for not using contraception

**STUDY DESIGN** : Cross sectional study.

**METHODS**: A study of contraceptive practices in rural area was carried out in the month of Jan.99. The area is located just 34 kms away from Pune, Maharashtra. The permission for carrying out the study was taken from Sarpanch of the village. Entire population of the rural area, Urse, Adhe, Ozarde was covered

**RESULTS**: It was observed that none of the eligible couples practiced temporary contraceptive methods though C.P.R. was 67%. Regarding permanent contraception, majority of eligible couples had preferred tubectomy.

The reasons for not using contraceptions were ignorance, fear and lack of motivation. It was observed that the trained birth attendant was called upon to conduct the delivery at many cases. It was observed that Breast-feeding was started after 3 days of delivery in majority of cases. This was the most surprising finding.

**CONCLUSIONS**: health education to women regarding contraceptive practices, breast feeding practices particularly in rural areas is necessary.

To eliminate the increasing imbalance between no. of vasectomies and tubectomy, sustained efforts should be made to popularize vasectomies. Male involvement is essential in family planning activities as they are the decision makers

**KEYWORDS**: contraception, vasectomy, tubectomy, couple protection rate

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### INTRODUCTION

India has launched a Nationwide Family Program in 1952<sup>1</sup>. Now a days RCH program is in process. The concept is use of integrated approach aimed at improving the health status of young women and young children the contraceptive methods available under Nationwide Family Program are conventional contraceptive devices, oral contraceptive pills and sterilization. Practice of contraceptive methods in all its multidimensional facets has been a subject of focus for health policy makers for making our Nationwide Family Program successful.<sup>2</sup>

The last few years have witnessed a contraceptive revolution that is man trying to interfere with the ovulation cycle. Demographers are of the view that Net Reproduction Rate = 1 can be achieved only if the couple protection rate exceeds 60 percent. It has been reported that a lot of sustained efforts are being made in this field.<sup>3</sup>

So keeping this in mind, the present study was carried out to study the contraceptive practices in rural and slum areas of Maharashtra, to study the preferences for type of sterilization methods and regarding practices of breast-feeding.

## MATERIAL & METHODS

The study was carried out in the month of Jan. 1999 in rural areas of Maharashtra. Three randomly selected villages Urse, Adhe and Ozarde under the primary Health center Talegaon were chosen. Talegaon Dabhade is situated 34kms away from Pune in Maharashtra. Both the villages were visited and interviews of all the eligible couples were taken. The permission for study was taken from Sarpanch of all the villages. Entire population of villages Urse, Adhe and Ozarde and slum area of Talegaon was covered. All the eligible couples were interviewed. Total 469 eligible couples were interviewed

A separate pre - tested questionnaire, was used A detailed pro-forma was prepared which consisted of questions related to a) use of Temporary contraceptive methods , permanent contraceptive methods and regarding deliveries conducted either at home or in the hospital.

House to house survey was carried out in rural areas to identify the eligible couples. Different groups of people in the locality were interviewed. An attempt was made to identify the eligible couples who had not used the contraceptive practices at all.

## RESULTS

**TABLE 1**

### ELIGIBLE COUPLES AND COUPLE PROTECTION RATE

Area	No of eligible couples protected against child birth	C.P.R.
Slum	29 out of 53	54.7%
Rural	278 out of 416	67%

Table 1 shows the no. of the eligible couple's couple protection rate of rural as well as slum area of Talegaon. Out of 53 eligible couples in slum area, 29 had been protected against child birth after having 3-4 children i.e. C.P.R of 54.7% in rural area C.P.R was of 67%.

It is very pity that even though C.P.R. is high, there is no protection against child birth after 1or 2 children.

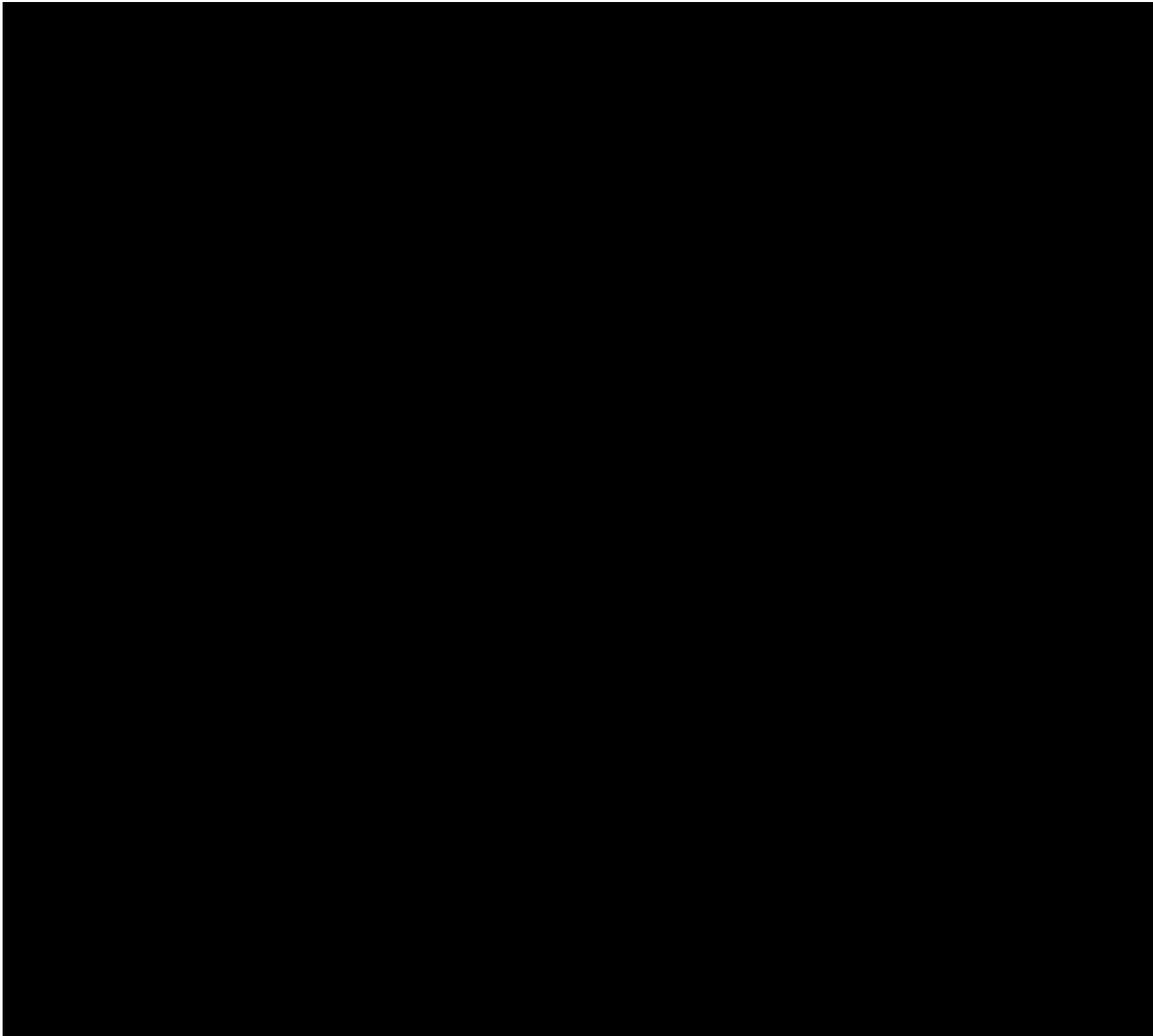
Fig 1

Sterilization methods:

Fig 1 shows sterilization methods practiced in rural as well as slum area of Talegaon as none of the eligible couples in rural as well as slum area of Talegaon adopted for temporary contraception. It can be observed from the fig.1 that almost all eligible couples had preferred tubectomy in rural area.

There was statistically significant difference between the use of tubectomy and vasectomy in rural as well as slum area of Talegaon (Fishers' exact test  $P < 0.5$ )

FIG.  
1



**TABLE 2**  
**PLACE OF DELIVERY**

Place of delivery	Rural area	Slum area
Hospital	8(53%)	4(66%)
Home	7(47%)	2(34%)

when asked about the place of delivery and about the help of trained birth attendant reply was satisfactory. It can be observed that from table 2 that 47% of mothers had preferred home delivery in rural area while 34% mothers in slum area preferred home delivery. Majority of home deliveries were conducted by trained birth attendant.

**TABLE 3  
CONTRACEPTIVE PRACTICES IN ELIGIBLE COUPLES**

Area\	Temporary contraception (No. Of eligible couples)	Permanent Contraception (No. Of eligible couples)
Rural area	Nil	29
Slum area	Nil	278

It can be easily observed from the table 3 that none of the eligible couples practiced temporary contraceptive methods

**TABLE 4  
REASON FOR NOT USING CONTRACEPTION**

Area\reason	Fear	Negligence	Lack of knowledge	Health centre away from home	Other
Slum	15	3	5	1	-
Rural	45	35	44	12	2

The reasons for not using contraception were asked. It can be easily observed from the table 4 that the most common reason for not using contraception was the fear of contraception; other reasons were lack of knowledge, negligence.

**TABLE 5  
KNOWLEGE OF BREAST FEEDING AMONG THE RECENTLY DELIVERED  
COUPLES**

Breast feeding	Rural area	Slum area
Started after the delivery	8	4
Started after 3 days	7	2

it was observed from the table 5 that majority of home delivered mother started breast feeding 3 days after the delivery thinking that colostrum is harmful to the health of the baby

## DISCUSSION

It can be observed that from table 1 that couple protection rate of rural area of Talegaon was 54.7% which is equivalent to couple protection rate In India. Couple protection rate is 43.5% in Maharashtra<sup>4,5</sup>

R.K. Sacher, R.K. Soni<sup>6</sup> in their study Of 12 villages in Punjab reported couple protection rate as 43 % R.K. Sacher et al <sup>7</sup>have reported couple protection rate as 10% in another study. A.k. Sharma <sup>8</sup>et al in their study in a village in south Delhi reported couple protection rate as 47%.

It was also found that none of the eligible couples practiced temporary contraceptive methods though C.P.R. was 67%. The reason for not using contraception methods are ignorance, fear, nonavailability of contraceptive methods at health centre. R.K. Sacher,<sup>7</sup> et al in their study of villages in Punjab reported none of the eligible couples practiced temporary contraceptive methods. S.K. Mukhopadhyay et al<sup>9</sup> also found that trend was in accepting permanent family planning methods only. S. Ghosh<sup>10</sup> et al in their study in Sunderpur, Varanasi reported that 40% eligible couples practiced permanent contraceptive methods. It was observed from fig 1 that only 1% of eligible couples had preferred vasectomy indicating the continued male dominance. Similar findings were reported by R.Kumar<sup>11</sup> et al in their study. As reported in Park's Textbook of PSM, currently female sterilization account for 85% and male sterilization for 10-15 %. It was observed from Table 3 that in rural areas 47% of deliveries took place in home. Majority of the deliveries were conducted by trained birth attendant. Subramanyan, Nirupa charles<sup>12</sup> in their study in a village in South India that 74% of the respondents had preferred delivery at home with the help of trained birth attendant. However Doke PP and Sathe p.v.<sup>13</sup> in their study at Aurangabad reported that 22% of the deliveries were conducted by trained birth attendant.

When asked to mothers about breast -feeding practices, reply was surprising. Mothers delivered at home started breast feeding after 3 days thinking that it was harmful for first 3 days.

#### **Conclusion :**

So it is strongly recommended that health education to women particularly in rural areas is necessary.

Thus to eliminate the increasing imbalance between no. of vasectomies and tubectomy, sustained efforts should be made to popularize vasectomies. Male involvement is essential in family planning activities as they are the decision makers.

The entire ideal situation would be when the message of small happy and healthy family reaches home, every individual of the country.

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