

Research Article

Family Planning Practices in Rural Kerala

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Abstract: Unregulated fertility leads to population explosion. It is important to know the determinants of contraceptive use among married women. The aim and objective was to find out the prevalence of contraceptive usage among rural Kerala and to find out socio-demographic factors affecting use of contraceptives. A community based cross sectional survey was conducted in rural Kerala and 619 subjects were studied. The overall prevalence of contraceptive use in our study was 70.3%. Use of contraceptives increased with age and parity. Contraceptive use was associated with religion but not with literacy rate and economic status. This rural study showed a high couple protection rate but contraceptives were mainly oriented towards female.

Keywords: Contraceptive, couple protection rate, Kerala

INTRODUCTION

On May 11, 2000, India's one- billionth citizen was borne. More than 70,000 children are borne daily [1]. According to 2011 census, Indian population stood at 1210 million. In last decade India's population grew by 17.7% adding 181million people to the population.

India was the first country in the world to formulate the National Family Planning Programme in 1952. The aim of the family planning programme in India is to promote responsible parenthood with a two child norm through independent choice of the family planning method best suited to the acceptor [2]. However the extent of acceptance of contraceptive methods varies within societies and different cast and religious groups. Even choice of contraceptive is largely affected by customs, morals and habits of social groups [3].

Many demographers opine that fertility decreases with economic and social development of population. Kerala through its socio-economic development has controlled fertility [3]. Keeping in view the above point's present study was conducted to find out the contraceptive prevalence and identifying different variables which affect the contraceptive prevalence among rural population of Kozhikode district.

MATERIALS AND METHODS

A community based cross-sectional survey was conducted in the villages of Mukkam Panchayat in 2012 and 2013. This study was a part of ongoing family health survey conducted in field practice area of KMCT Medical College, Manasserry. A house to house survey was carried out and all married females aged 15-49 years were included in present study. A total of 653 married females were present in study area of which 34 were excluded as they were either widowed (24), divorced (6) or separated (4); so 619 females were included in study and interviewed. Three teams of undergraduate medical students were extensively trained for data collection. These teams conducted survey during their field posting under guidance of authors.

Detailed information regarding age, educational status, occupation, religion and contraceptive practices was obtained using predesigned questionnaire. Data was then analyzed for the results using statistical software SPSS- 16.

RESULTS

Out of 619 females studied 38.8% were below 30 years of age, the mean age of study population was 33.29 (SD 8.57). Literacy rate among study population was 93.9% and 37.7% of them were studied up to intermediate and above. Majority of respondents 55.6% were Muslims while 52.5% were Hindus. Among study population 70.3% of women were practicing contraception at the time of study. Most of them 49.9%

have adopted permanent contraceptive method. Among 20.4% temporary method users majority (7.4%) were using condom. Use of O.C. pills (1.4%) and CuT (1.1%) was comparatively very less.

When contraceptive use was studied in relation to age, it was observed that use of contraceptives increased with increase in age and this trend was statistically significant (table 2). The use of

contraceptives was analysed based on the number of living children. It was found that 85.8% women with 3 or more children were among acceptors of contraception as against 46.5% women with one child. This was highly significant (table3). Use of contraception was comparatively low among Muslims (64.2%) as against Hindus. This difference was statistically significant too (table 4).

Table 1: Current Contraceptive Practices

Method	No. of users (%)
Surgical methods	309
O.C. pills	9
Condom	46
CuT	7
Other	64
Nil	184
Total	619

Table 2: Relationship between age and contraceptive use

Age	Acceptors No.	Non-acceptors No.	Total
15-19	5	16	21
20-24	44	52	96
25-29	62	47	109
30-34	83	27	110
35-39	106	22	128
40-44	58	11	69
45-49	77	9	86
Total	435	184	619
Pearson chi-square 91.111		p= 0.000	

Table 3: Relation between number of living children and contraceptive use

No. Of living children	No. of couples with method of contraception		Non-acceptors	Total
	Temporary	Permanent		
0	3	0	40	43
1	69	4	84	157
2	47	197	41	285
3	5	93	15	113
4	2	15	4	21
Total	126	309	184	619
Pearson chi-square 170.96		p= 0.000		

Table 4: Religion and contraception use

Religion	Acceptors	Non-acceptors	Total
Hindu	205	58	263
Muslim	221	123	344
Christian	9	3	12
Total	435	184	619
Pearson chi-square 13.528		p= 0.001	

DISCUSSION

In present study out of 619 participants 435 (70.3%) were using contraceptives at the time of study 71% of them have opted for sterilisation. NFHS-3 has documented couple protection rate of 69% in Kerala with 71% of them opting for permanent contraception [4]. In present study use of contraception was correlated

to socio-demographic variables like education of women, income of family, age of women, number of living children and religion. Literacy rate is very high in Kerala, in our study in rural area literacy rate among participant was (93.9%). There was neither significant association between education of women and use of contraception nor between income of family and use of

contraceptives. It can be attributed to very high literacy rate which is responsible for high levels of awareness among community.

Present study observed that number of women using contraceptive increased with increase in age. Also aged women preferred permanent contraceptives over temporary. This association was statistically significant ($p < 0.001$). Similar findings were observed in Delhi [5], Deharadun [6] and Belgaum [7]. In our study only 7% women with no children used contraceptive as against 85.8% women with 3 or more children using contraceptives. This significant association is in line with similar findings reported from study in Delhi [5] Deharadun [6], Belgaum [7] and Dakshin Kanada [8]. These two findings suggest that couple prefers to adopt permanent contraception after they have reached desired family size usually at older ages and higher parities.

In our study there was significant association between religion and contraception. Studies done in Belgaum [7] and Orissa [9] did not show any association between contraception and religion, whereas Padma Mohan [8] has reported high use of contraceptives among Hindus compared to Muslim.

CONCLUSION

In our study couple protection rate of 70.3% was observed which was mainly determined by age of women, parity and religion. In spite of very high literacy in Kerala contraceptive use is still women oriented and preferring female sterilisation.

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