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Barriers to contraceptive use in adult women attending a tertiary referral hospital

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Abstract
The purpose of this study was to recognise the barriers to unprotected intercourse in adult married women who were not keen for pregnancy. Focus Group discussion in groups of 8-10 women were held among women attending OPD of Obstetrics and Gynaecology Department of SCB Medical College, Cuttack. We interviewed 1840 adult married women out of which 1000 (54%) did not adopt any contraceptive measure. These women were included in Focus Group Discussion over a period of 6 months, aged between 18 to 45 years who were not desirous of pregnancy, to explore the possible reasons for unprotected intercourse. Women were grouped on the basis of the following characteristics: Age, Parity status, literacy, Place of residence-Rural/Urban, Religion and Socio-economic status (using Modified Kuppuswamy score). Women on an average gave 5 reasons for non-adherence to contraception. The reasons were further categorised at Personal, Interpersonal and Social levels. Common personal reasons cited were fear of complications or side-effects associated with contraception either established or self-perceived, and assumed low risk of pregnancy. The spectrum of barriers for unprotected intercourse are varied. Educational status of the woman as well as of the spouse plays a significant influence on a woman's contraception usage, hence, in addition to a personalised counselling approach of the couple, shared decision making should be encouraged.

Keywords: Contraception, unwanted pregnancy, unprotected intercourse

Introduction
India ranks 2nd in world's most populous countries but highest in population density. 65% of population reside in rural low resource setting. The disturbing reality is 46% of Indian women do not use any form of contraception (NFHS 2015-16) [1], the total unmet need of family planning is 12.9% and spacing is 5.7% respectively. Women in need of contraception were defined as those who were sexually active and fertile, but did not intend to become pregnant in the next 2 years or did not know if or when they intended to become pregnant [2]. In spite of the availability of a variety of contraceptive options, many fertile adult women indulge in unprotected intercourse, which puts them at risk of unintended pregnancy. According to Bardon O'Fallon *et al.*, (2008) each year, 80 million women worldwide have unwanted or unintended pregnancies [3]. Although India is close to achieving replacement level fertility rate of 2.1(2.2 at present) the unmet need for contraception remains stagnant at 12.9% for the last few years. The rate of unplanned pregnancies is 49% [1]. The purpose of this study was to determine the barriers to contraception use amongst adult women not desirous of pregnancy. An analysis of the reasons is essential to formulate public health strategies to reduce unprotected intercourse and ultimately, reduce unplanned pregnancy. The first step in reducing unprotected intercourse would be to gain a comprehensive knowledge of the reasons behind this attitude. Apart from the personal reasons stated by women, there is a need to identify other confounding factors-social and sociological that may influence women's contraceptive behaviour.

Materials and Methods
The Focus Group Discussions were carried out on women attending the OPD, Department of Obstetrics and Gynaecology, S.C.B. Medical College, Cuttack over a period of three months from 1st June 2018-to 31st December 2018 in the room adjacent to OPD meant for Contraception counselling in groups of 8-10. We explained and reviewed eligibility criteria. Women who wished to participate gave a verbal consent.

The FGDs were moderated by the authors and RMCHA (Reproductive, Maternal and Child Health) counsellor. Eligibility criteria included age between 18-49 years, married, neither pregnant nor keen to conceive. Women who had undergone hysterectomy either total and sub-total or minilap or laparoscopic sterilization were excluded. Women were categorised in groups based on age, parity, education, place of residence-urban or rural, religion and socio-economic status. The reasons given were categorised at personal, social and sociological levels.

Results

Demographics: Out of the 1840 women, 1000 (54%) were practicing unprotected intercourse. The median age of women was 24 years. 43.6% were in age group 18-29 years. Non-use of contraception was highest in this age group (69.6%). It was lowest in age group-40-50 years (30.6%). Non-use of contraception was observed in 53% of women residing in urban areas & 60% of Rural Women. 63.7% belonged to lower middle class. 66.4% of women were Hindus & 29.5% were Muslims. UI was practiced by 49.4% of Hindus & 67.6% of Muslims. UI was practiced 67.1% of nullipara and 62.3% of women with parity more than equal to 3. One third of the Para2 women had history of MTP for unwanted pregnancies (Table 1).

Table 1: Demographic profile of women

Variable	Total No. of women	No. practicing unprotected intercourse
AGE Groups (years)		
18-28	804	560 (69.6%)
29-39	572	310 (54.1%)
40-50	464	130 (28%)
Parity		
0	134	90(67.1%)
1	826	406(49.1%)
2	402	206(51.2%)
=/> 3	478	298(62.3%)
Socioeconomic status		
I II III	0 408 1004	0 130(31.9%) 640(63.7%)
IV V	316 112	160(50.6%) 70(62.5%)
Religion		
Hindu	1222	604(49.4%)
Muslim	544	368(67.6%)
Others	74	28(37.8%)
Place of residence		
Urban	1512	802(53%)
Rural	328	198(60%)

One third of the women were educated up to Class-9th-12th (33.6%). 40.6% of the husbands were educated beyond 12th. Almost one-third of the mother-in-laws were illiterate (31.2%), another one-third had received primary education (28.4%) (Table 2).

Table 2: Educational status

Level	Woman	Husband	Mother-in-law
Illiterate	118(11.8%)	10(0.01%)	272(31.2%)
Primary	282(28.2%)	28(2.8%)	284(28.4%)
Class 6th-8th	170(17%)	164(16.4%)	236(23.6%)
Class 9th-12th	336(33.6%)	392(39.2%)	162(16.2%)
>Class 12th	94(9.4%)	406(40.6%)	46(4.6%)

Out of the 1000 women who reported having unprotected intercourse, majority (62%) cited at least one of the following three reasons: "Contraceptives cause a lot of side-effects, "Family does not approve contraceptive use" or "never thought of using contraceptives". Most studies, done by Bianchi-Demicheli *et al*., (2003) [4]; Boyer *et al*., (2005) [5]; Gilliam *et al*., (2004) [6, 7] were focused on how to reduce unprotected intercourse, have emphasised on demographic, cognitive or behavioural characteristics of women. This approach has been criticized since such a narrow focus on individual ignores important social and sociological factors that influence individual choices and sexual behaviour. Hence, we categorized the reasons stated into factors related to the individual (personal factors), women's interaction at the family, and community levels (social/interpersonal factors) and the broad sociological factors outside the patient's immediate setting (Table 3)**.**

Table 3: Reasons for unprotected intercourse

Personal/Individual reasons	Percentage
Contraceptive side-effects: Actual/Perceived	62%
Low perceived risk of getting pregnant	36%
Unplanned/ Infrequent Intercourse	23%
Method inconvenient to use	43%
Unavailability of desired methods	21%
Inconvenience	37%
Lack of Knowledge/Attitude	52%
Religious Beliefs	39%
Planning for tubal ligation Medical ineligibility to adopt preferred method	23% 08%
Interpersonal/social reasons	
Husband opposed	59%
Mother in law opposed	62%
Friends not using contraceptive	21%
Sociological reasons	
Accessibility related-too far, costly	51%
Counselling related-non-availability of counsellor, not convinced by the counselling	56%

Personal/Individual reasons

1. Side-effects/health concerns. Contraceptive side-effects (actual or perceived) were one of the reasons cited by 62% of the women, similar concern was seen in most of the studies done by Gilliam *et al*., (2004) [6, 7], Nettleman *et al*., (2009) [8]; Santelli *et al*., (2010) [9]. Concerns included irregular bleeding per vaginum, leucorrhoea, weight gain, weakness, headache, pain abdomen, sterility and cancer.
2. Low perceived risk of getting pregnant-women perceived they were unlikely to get pregnant which included reasons like breastfeeding, too old to get pregnant, infrequent sex and irregular cycles.
3. Knowledge and attitude. A lack of knowledge regarding the various contraceptive methods, where and how to obtain contraceptive services was cited as a reason. Barrier methods made sex less spontaneous and less pleasurable; use of oral contraceptive pills was cumbersome and caused weight gain according to some women. IUCD was described as foreign and invasive by some, may cause irregular bleeding and cancer. Some women were hesitant to avail contraceptive counselling or buy contraceptives. Laid back attitude towards contraception or pregnancy was another cited reason. Some women stated they had never considered of using contraception.

4. Personal beliefs. Some women personally believed that it was against nature to use contraceptives. Religious objection to contraceptive use was identified as a reason. Women believed that "children are god's gift" and "pregnancy will happen when it has to happen".

Interpersonal/Social reasons

1. Husband related reasons. Husband's opposition to contraception was identified as a reason for unprotected intercourse, which included husband not willing to wear a condom, disapproval of a particular method or husband not wanting his wife to use birth control. Other reasons were fear or embarrassment to ask husband to use contraception.
2. Family influence. Family especially mother-in-law played an important role in influencing a woman's contraceptive behaviour. Her opposition to birth control use, desire for a grandchild, entertaining of myths related to contraception were major hindrances to contraception use.
3. Friend & neighbour circle. Some women cited the fact that their friends did not use birth control as a reason for having unprotected intercourse. Anecdotes from friends and neighbours highlighting some side effects of contraception hindered women to adopt contraception especially IUCD.

Societal reasons

1. Access to contraceptive services. Lack of access to contraceptive services was a reason of unprotected intercourse among rural women. Women cited problems with transportation to get to clinic in remote areas. Non availability of the desired method was also a hindrance to contraception use.
2. Counselling by Health professionals. Some women were dissatisfied with the information given by the health professionals which included inadequate information about contraceptives, less time allotted per person, queries were not addressed. Side effects were not always discussed prior to use. Lack of privacy was another reason cited. Some women were deterred by the behaviour of the health professional.

Discussion

The average Indian woman-who needs two children-spends nearly three and a half decades trying to avoid pregnancy and only a few years trying to or being pregnant. It is also established that 30% of maternal deaths can be averted if unmet need of contraception is addressed (Cleland 2012) [8]. Women who are not seeking pregnancy nonetheless practice contraception poorly or may not use a method at all. Frost JJ *et al*., (2008) reported a wide range of reasons which explain this seemingly contradictory behaviour-personal feelings and beliefs; experiences with methods; fear about side-effects; partner influences; cultural values and norms; and problems in the contraceptive care system [9]. Our survey identified multiple reasons why women risk unintended pregnancies by practicing unprotected intercourse. Ecological approach was adopted and the reasons were grouped into personal factors, interpersonal factors and societal factors. For many women, the reasons for having unprotected intercourse was not solely based on individual knowledge and attitude but also depended on situation, family and other factors. Women cited both perceptions of side-effects as well as personal experience with side-effects as reasons for not using contraception. According to Grossman *et al*., (2010) women's health concern related to hormonal contraception do not necessarily equate with medical ineligibility for use of these methods [10]. Women also demonstrated incorrect knowledge about contraception, and tended to value anecdotal information over information from health professionals which depended on the women's level of literacy. Nettleman *et al*., (2009) [11] believe education may improve understanding of fertility, contraceptive options, risk reduction strategies, and communication techniques. Unwanted pregnancy can also be related to partner's education. According to Dixit *et al*., (2010) [12], there exists a concept of parallelism between women's and partner's education. So, without controlling partner's education, one cannot examine the effect of wife's education on unwanted births [12]. However, attitude issues like lack of concern and embarrassment about availing contraception cannot be overcome by education alone. Interpersonal factors involve the role of husband, family and friends in contraceptive behaviour of a woman. Husband's or mother-in-law's unsupportive attitude towards contraception may promote unprotected intercourse and if not duly addressed may nullify individual interventions.

Conclusion

Ecological approach was quite suitable for classifying reasons for unprotected intercourse in adult women. Apart from personal and method related concerns, women's ability to control their fertility was influenced by the family and by society. Health care professionals need to be prepared to provide information on the specific characteristics of existing contraceptive methods to ensure that people can choose the method that best fits their individual needs [13, 14, 15]. Healthcare providers should address potential concerns about side-effects of contraception as well as assess the understanding of the woman's family as a whole in light of education, religious barriers. Non-contraceptive benefits which are not given much importance should be highlighted. Addressing a single factor may not be sufficient to cause behavioural change; individual, familial and, societal causes should be addressed as a whole. Integrated Family Planning should be implemented-Every Opportunity of Contact Is utilised to counsel women in reproductive age who are sexually active and not tubectomised or hysterectomised.

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