

Family Planning: Popular Methods and Their Effects

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ABSTRACT

The number of children directly affects the health and nutritional status of mother. For a healthy child, the mother should be healthy and this could be possible with planned pregnancies or avoiding unwanted pregnancies by use of family planning methods. The present study was undertaken to investigate the methods of family planning used and their effect on the health of a woman.

The study was carried out in the city of Varanasi in Uttar Pradesh, India. The study was cross-sectional and comprised of 220 married women aged 25-40 years, who voluntarily agreed to participate in the study. The respondents were randomly selected, with the exclusion criteria for unmarried, widow, divorcee women, or those who were not living with their husbands.

The results showed that the respondents were aware of the family planning concept. The best source of information regarding family planning was media (36.36%); and the maximum of them preferred the permanent method (40.45%) as the method of contraception. Only a few of them (38.64%) were aware of government policies and plans related to family planning. 26.37% of respondents felt that they were having health problems by using contraceptive methods. The health problems were observed among the respondents using Intra-Uterine Devices (58.49%) and oral contraceptive pills (41.51%). Age and nutritional status of the mother during conception both contribute to the health and nutritional status of the child. Government should establish policies related to exposure of married couples towards family planning methods along with easy access to family planning methods especially for the lower class

people. Also, more in-depth study of the use and awareness of family planning methods should be done as it is essential for the well-being of the mother, child, and family and even society as a whole.

Keywords: Family planning; Family planning methods; Contraception; Intra-uterine devices; Contraceptive Pills

INTRODUCTION

There have been concerns about the galloping population growth and its effects on human beings. The world's population is increasing with significant social and economic implications at the individual, family, and societal levels. Family planning seems to be the potent cornerstone of a worldwide strategy to slow down population growth. However, in developing countries, the perception of the core population is not clear considering the hyper fertility rate in these countries.^[1]

Family planning is one of the fundamental pillars of safe motherhood and reproductive health rights. In developing countries, women with unmet needs for Family planning constitute a significant proportion of all women of reproductive age and it is an ongoing public health challenge.^[2]

According to the WHO, Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their

births. It is achieved through the use of contraceptive methods and the treatment of involuntary infertility. Women's ability to space and limit their pregnancies has a direct impact on their health and well-being as well as on the outcome of each pregnancy.^[3]

Improved access to family planning options helps advance human rights for all regardless of age, sex, marital status, and health. Informed and voluntary decision-making related to family planning contributes towards women's education, empowerment, gender equality, and human capital development.^[4] Such goals provide important nodes for international cooperation. And in the arena of public health, family planning provides numerous benefits, such as the reduction of maternal and child mortality as well as the prevention of HIV transmission.^[5, 6]

According to Prata N et al., women empowerment was consistently and positively associated with ever use of contraception, intention to use contraception in the future, and outcomes such as spousal communication regarding family planning.^[7]

Through family planning programs, women gain access to contraceptives, increasing the likelihood that they can achieve their desired family size. Yet, despite the well-documented benefits of family planning, an estimated 40% of pregnancies are unintended. Eighty-five million pregnancies, representing 40 percent of all pregnancies, were unintended in 2012. Of these, 50 percent ended in abortion, 13 percent ended in miscarriage, and 38 percent resulted in an unplanned birth. The unintended pregnancy rate continued to decline in Africa and in the Latin America and Caribbean region and the unmet need for contraception remains high despite the increased availability of methods.^[8, 9]

There were found a significant proportion of respondents to have good knowledge and positive gesture towards family planning but the contraception users were in the low rate. Fearing side effects are

the significant causes of the lower practice of family planning in different districts in the country. Socio-demographic contours e.g., education level, families' support to adopt family planning influences the contraceptive using among the respondents.^[10] In the time frame of the Sustainable Developmental Goals, the world has the opportunity to achieve a grand convergence between the developed and developing world, ending preventable child and maternal deaths and achieving relative parity in meeting the family planning needs of women, men, couples, and adolescents who want to space or limit childbearing.^[4]

Family planning can accelerate progress across the 5 Sustainable Developmental Goals themes of People, Planet, Prosperity, Peace, and Partnership and is critical to achieving the goals and the post-2015 development agenda. Empowering women to choose the number, timing, and spacing of their pregnancies is not only a matter of health and human rights but also touches on many multi-sectoral determinants vital to sustainable development, including women's education and status in society. Without universal access to family planning and reproductive health, the impact and effectiveness of other interventions will be less, will cost more, and will take longer to achieve.^[4]

Investments in sexual and reproductive health are critical for saving lives and reducing ill-health among women and their children and for fulfilling their internationally recognized right to good health. The immediate health benefits alone are well worth the cost, and the payoffs are even greater when taking into account the broader, long-term benefits for women, their partners and families, and societies. These include increases in women's education and earnings, increases in household savings and assets, increases in children's schooling, increases in GDP growth, and reductions in poverty.^[6]

Globally, an estimated 153 million women contend with the unmet needs for family planning; more than one in five of

these women reside in India.^[11] Inadequate family planning progress in India has been attributed to over-reliance on female sterilization as the preferred, and often only, means of modern contraception used, and low female control over contraception, particularly among young and rural married women.^[12]

The increased number of children directly affects the health and nutritional status of the mother and also the child born is not healthy. It is seen that the weight during birth and growth is less for a child born at 4th or 5th number as compared to the first child.

Increased number of pregnancies with less spacing between children cost the health and nutritional status of both mother and child, thus, for a healthy child, the mother should be healthy and this could be possible with planned pregnancies or avoiding unwanted pregnancies by use of family planning methods.

From the facts given above, it is felt that in-depth study of use and awareness of family planning methods should be done (as it is essential for the well-being of the mother, child, family, and even society as a whole) in a city like Varanasi where people are not fully aware of the necessity of family planning.

MATERIALS AND METHODS

Being descriptive in nature the study was carried out through the field survey method. It was conducted in the city of Varanasi in Uttar Pradesh, India. The study comprised 220 married women aged 25-40 years, who voluntarily agreed to participate in the study. The respondents were randomly selected, with the exclusion criteria for unmarried, widow, divorcee women, or those who were not living with their husbands. The type of study is a cross-sectional study and is done with an aim to know about the awareness regarding family planning methods. The data was collected by filling up the questionnaire. While collecting the data best efforts were made to

maintain the accuracy, preciseness, and relevancy of the answers.

The respondents selected for the study were interviewed through a structured interview schedule which consisted of questions relating to awareness and use of family planning methods. It contained both close-ended and open-ended questions to find out about their awareness of family planning.

Statistical Methods

The collected data were tabulated and analyzed statistically with the help of approved statistical techniques. The statistical formula used was frequency, percentage, and the mean (or average).

RESULTS

The survey was conducted among women of age 25-45 years. The mean age of study participants was 32.50 years, out of which 35% were employed. The Maximum number of respondents was postgraduate (32.28%) while 8.18% of them were illiterate.

The study subjects were all aware of the term family planning (FP) and had the knowledge about the various types of FP methods used. The source from where the respondents got the information regarding FP was asked. 13.19% got the information from family or relatives; 10.45% from friends, 36.36 from media (T.V. or radio) while 40% from all of the above sources (Figure 1). In a study conducted by Mustafa G et al. word of mouth is the most common source of information for both men and women in these rural communities of Pakistan; whereas in the study by Alege SG et al. Clinic providers (60.4%), friends (56.9%) and the media (51.3%) were the most trusted sources of contraceptive information. When asked about the knowledge regarding the benefits of birth spacing, only 42.73% were aware of the facts. Concerning the awareness about the government policies in the country, only 38.64% had the knowledge.^[13, 14]

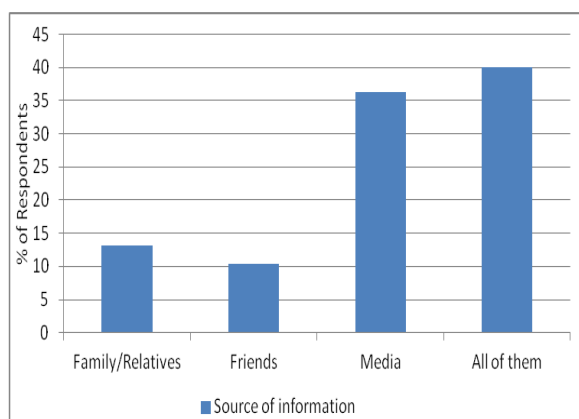


Figure 1: Source of Information regarding Family Planning

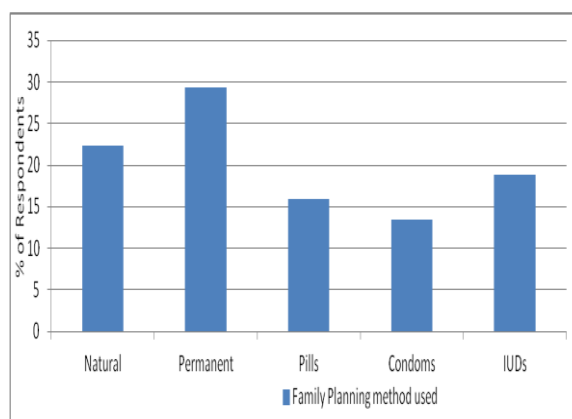


Figure 2: Family Planning method used

49.10% of the respondents had consulted the doctor regarding FP; while the rest don't think that there is any need to consult and had not consulted at all. Only 78.64% of respondents told that they are involved in the FP decisions and discuss these matters with their husbands. Belay A et al conducted a study to assess the impact of women's decision-making power on the family planning use and its associated factors. They concluded that age category, formal education, and occupational status had effects on women's decision-making power. Promoting parental adult education and engaging women in employment is essential to improve their decision-making power in using family planning.^[15]

91.40% of the respondents were using FP methods while the rests were not. According to a study by Uprety S out of 300 interviewed women, 79.3% had ever used and 63.3% were currently using some sort of contraception.^[16] Olawande TI & Fasasi LT, in their study revealed that a majority of married women refused to adopt family planning for fear of side effects^[1].

Remaining respondents (n=201) preferred various methods, like, natural-22.4%, permanent-29.35%, pills-15.92%, condoms-13.43%, and Intra-uterine Devices (IUDs)-18.9% (Figure2). According to Amadou Barrow, in a Survey on women of Childbearing Age in the Provincial Settings of the Gambia, Injectables, and pills (progesterone and combined) were the two most common FP methods used at 58.5% and 44.0%, respectively.

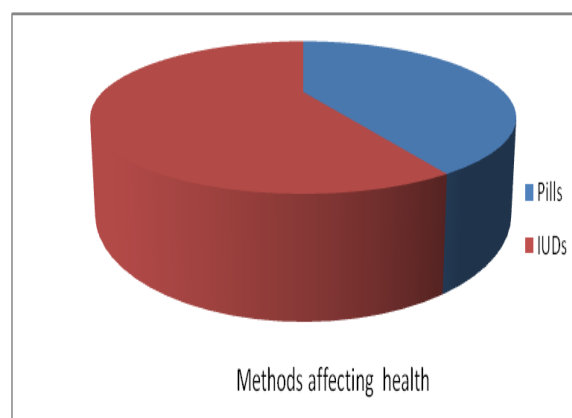


Figure 3: Family Planning methods affecting health

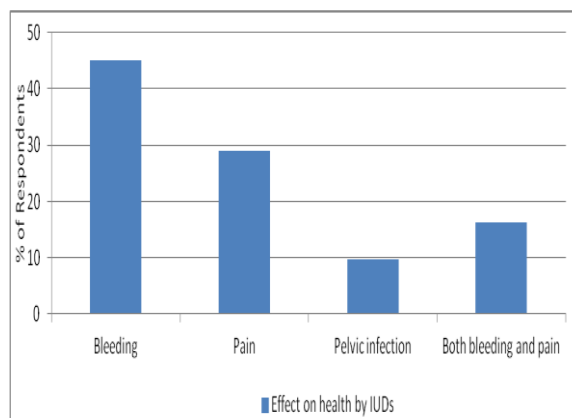


Figure 4: Effect on health by using IUDs

The respondents who were having any effect on health due to the use of contraceptives were 26.37% (n=53), and; out of those 41.51% were using pills and 58.49% were using IUDs (Figure 3). The major health effects caused by IUDs were vaginal bleeding (45.18%) and pain (29.05%); with few of them experiencing both (16.17%) (Figure 4) Consumption of contraceptive pills was causing irregular periods (36.37%) and weight gain (36.37%) (Figure 5) According to the viewpoint of the

respondents, 80.45% feel that contraceptive pills cause harm to health.

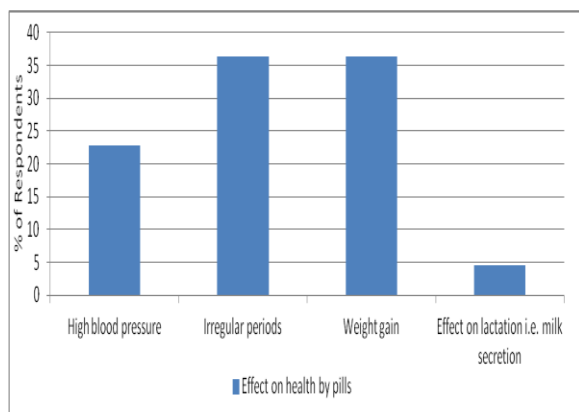


Figure 5: Effect on health by contraceptive pills

DISCUSSION

Given the magnitude of the family planning programme in India, there is a need to strengthen the coordination of all its aspects, focusing on planning, programmes, monitoring, training and procurement. The quality of care in family planning must be a major focus area to ensure the success of family planning programmes [17].

In a study conducted by Ahmed S et al effects of contraceptive use on maternal mortality were estimated in an analysis including 172 countries. They concluded through their data that the use of contraception is a substantial and effective primary prevention strategy to reduce maternal mortality in developing countries [18]. Alsaedi J et al assessed the Knowledge, Attitude and Practice towards Family Planning in Saudi Arabia among adult married subjects. The study revealed that the use of contraception methods was quite high among the Saudi subjects and the authors associated this with the fact that most of the subjects had high educational degrees [19].

The present study showed that the respondents were aware of the family planning concept. The best source of information regarding family planning was media (36.36%); and the maximum of them preferred the permanent method (40.45%) as the method of contraception. Nearly half of the respondents (50.99%) did not feel any

necessity to consult the doctor before using contraceptive methods. Less percentage of respondents (42.73%) was aware of the benefits of birth spacing for mother and child. Only a few of them (38.64%) were aware of government policies and plans related to family planning. A greater number of respondents (78.64%) were involved in the decisions related to family planning.

A greater number of respondents agreed to have used one or the other method of family planning method (91.40%). The study showed that 26.37% of respondents felt that they were having health problems by using contraceptive methods. The health problems were observed among the respondents using Intra-Uterine Devices (58.49%) and oral contraceptive pills (41.51%). The health problems from India Uterine Devices were bleeding (45.18%), pain (29.05%), or both (16.17%); while the major complaints with the use of Oral Contraceptive Pills were irregular menses (36.37%) and weight gain (36.37%). The maximum number of respondents (80.45%) felt that Oral Contraceptive Pills cause harm to health. The study by Olawande TI & Fasasi LT concluded that culture, socio-economic factors, and poor knowledge about family planning were major determinants of perceptions about family planning, and its utilization [1].

The findings of a study conducted by Raj A et al. concluded that men should be engaged in Family Planning programming in rural India and that such an approach inclusive of gender-equity counseling can improve contraceptive practices and reduce sexual intimate partner violence in married couples [20].

CONCLUSIONS

The numbers of unwanted pregnancies and unmet contraceptive needs are still high in many developing countries. The health and nutritional status of the child and the mother both greatly depend upon the factors like birth spacing, number of children, age of mother, etc. So, age during

conception and nutritional status of the mother both contribute to the health and nutritional status of the child. In case of frequent pregnancies, the health of the mother is affected which can lead to the poor health status of both mother and the child, therefore sufficient spacing between children is necessary which can be achieved by the use of proper family planning methods. The contribution of both the partners is essential in the decisions related to family planning. Consultation of a doctor is needed before and during the use of any family planning method and if any side-effects on health are observed, the method should be changed immediately by consulting doctors. Government should establish policies related to exposure of married couples towards family planning methods along with easy access to family planning methods should be ensured especially for the lower class people.

The study has its limitations like, the study was conducted for a short span therefore the time and other resources were limited to an extent. Due to time constraints, the sample size of this study was restricted and the area of study was limited. The questionnaire was filled up by interview methods which have its limitation of respondent depends on information.

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Ethical Approval: The study was survey-based and no intervention was included in this study. Questionnaire related to age-related diseases was used to interview respondents who voluntarily participated. It is in my best knowledge that there is no need for ethical approval for the survey-based study.

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