

## A STUDY ON CORRELATION BETWEEN FERTILITY AND CONTRACEPTIVE PREVALENCE IN RURAL COMMUNITY

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### Abstract:

#### Objectives:

- (1) To find the contraceptive prevalence in different reproductive age group females.
- (2) What is the correlation between fertility pattern and contraceptive prevalence.

**Study Design :** Cross sectional descriptive study.

**Setting :** Community Development block Sarojini Nagar, Lucknow district.

**Study universe :** Married females in reproductive age group (15-49 Years).

**Study variables :** Age, fertility, contraceptive prevalence, education and social class.

**Statistical analysis :** Chi Square test.

**Result :** Contraceptive prevalence was 29.7%. It was 6.5% for women aged 15-19 year to 45.2% for women aged 35-39 years. The acceptors were analyzed based on the number of living children. 74% of the acceptors had 3 or more children as against 26% with 0 to 2 living children.

### Introduction :

Family planning allows couples to decide how many children to have and when to have them. The careful planning of births saves lives.

Family planning can prevent atleast 25% of all maternal deaths by allowing women to delay motherhood, prevent unintended pregnancy and unsafe abortions, protect themselves from sexually transmitted diseases (STDs) including HIV and AIDS and stop childbearing when they have reached their reproductive goals.

By spacing births at least two years apart, family planning can prevent an average of one in four infant deaths in developing countries. Adequate birthspacing also can improve the survival of the next older brother or sister.

Family planning can significantly improve the health and survival of adolescent girls by allowing them to postpone childbearing until the healthiest times for themselves and their children.

### Materials and Methods :

The study was carried out in community development block, Sarojini Nagar of Lucknow district which is field practice area of Upgraded Department of Community Medicine, K.G. Medical University, Lucknow. Study population consisted of 2100 married females in the reproductive age group 15-49 years.

Three PHCs covering 10 subcentre and 20 villages were included in the study. From each subcentre 1 subcentre village and 1 village away from subcentre were surveyed, thus total 20 villages were studied. During survey each

village was divided arbitrarily into four quadrants. The interview was started in each quadrant in

the house randomly chosen and survey continued till number of sample females was completed.

**Results :**

**TABLE - 1**  
Contraceptive prevalence according to age

Age (years)	Acceptors		Non-acceptors		Total
	No.	Percentage	No	Percentage	
15-19	7	6.5	101	93.5	108
20-24	59	13.6	375	86.4	434
25-29	136	25.0	408	75.0	544
30-34	167	41.7	233	58.3	400
35-39	136	45.2	165	54.8	301
40-44	74	44.8	91	55.2	165
45-49	45	30.4	103	69.6	148
<b>Total</b>	<b>624</b>	<b>29.7</b>	<b>1476</b>	<b>70.3</b>	<b>2100</b>

$X^2 = 88.4, p < 0.001$

Among the 2100 women, 70.7% were between 15-34 years, which is the crucial period

in the reproductive span. Contraceptive prevalence was 6.5% for women aged 15-19 years to 45.2% for women aged 35-39 years.

**TABLE - 2**  
Contraception use according to Number of living children

No. of living children	Method of Contraception					Total
	IUD Pills	Oral	Condom	Sterilization	Non acceptors	
0	0	1	1	0	153	155
1	5	10	24	1	240	280
2	42	14	25	39	303	423
3	22	16	57	104	299	398
4+	21	26	30	186	381	744
<b>Total</b>	<b>90</b>	<b>67</b>	<b>137</b>	<b>330</b>	<b>1476</b>	<b>2100</b>

$X^2 = 132; p < 0.001$

The acceptor of the different family planning methods were analysed based on the number of living children. It was found that 74% of the women with 3 or more children were

among the acceptors as against 26% with 0 to 2 living children. Condom use is highest for women with three living children IUD use is highest for women with two living children.

**TABLE - 3**

**Family planning practices and educational levels of females.**

Education	Acceptors		Non acceptors		Total
	No.	Percentage	No.	Percentage	
Illiterate	327	25.3	979	74.7	1306
Primary	135	35.1	246	64.9	381
Secondary	59	31.8	123	68.2	182
High school & above	103	44.1	128	55.9	231
<b>Total</b>	<b>624</b>	<b>29.7</b>	<b>1476</b>	<b>70.3</b>	<b>2100</b>

$X^2 = 45; p < 0.001$

A strong positive relationship exists between education and the level of current use. Difference

in current use by education were most evident between illiterate women (25.3%) and women who are high school and above (44%).

**TABLE - 4**

**Distribution of Family planning Practices and Social Class**

Social Class Total	Acceptors		Non-acceptors		
	No.	Percentage	No.	Percentage	
I	12	37.0	15	63.0	27
II	35	35.5	55	64.7	90
III	188	37.9	302	62.1	490
IV	319	27.2	866	72.8	1185
V	70	23.7	238	76.3	308
<b>Total</b>	<b>624</b>	<b>29.7</b>	<b>1476</b>	<b>70.3</b>	<b>2100</b>

$X^2 = 32, p < 0.001$

The social class distribution was studied in details among acceptors and non acceptors of family planning methods and difference was significant.

**Discussion :**

Contraceptive prevalence for currently married women in study is 29.7%. (NFHS<sup>2</sup>-U.P. 28%, Rural 24% and Urban 45%, National average is 48%).

Contraceptive prevalence use increases from 6.5% for women aged 15-19 years to 45.2% for women aged 35-39 Years and slightly decreases for older women. These findings were almost similar to National Family Health Survey (NFHS)<sup>2</sup>. 5.4% acceptor were of 15-19 year age group to 39.2% in women 35-39 years.

Contraceptive use increases sharply from 26% with 0-2 living children to 74% with 3 or more children. (NFHS<sup>2</sup>-39% for women with 3 living children and then shows a slight decline).

Contraceptive use increases with education from 25.3% among illiterate women to 44% among women who have completed at least high school. Similar finding were from NFHS<sup>2</sup> 24% among illiterate to 46% among high school and above.

**Conclusion :**

This study indicates the need to lay emphasis on the fertility related issues. Once the people are taken in the fold of literacy, there is a need to tap on their fertility behaviour, so that they may seek the help of trained health professionals and utilize the services available in peripheral health institution. This can accelerate our efforts in family planning programme.

**Reference :**

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4. Gupta & Mahajan's updated Socio Economic Classification, B. K. Mahajan & M.C. Gupta. Test Book of Preventive and Social Medicine Second Ed. 1995:86.

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