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Original Research Article

A Cross Sectional Study on Spacing Contraception among Religious Group of North Indian Population

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Abstract

Aim: The objective of this original research article is to find Spacing Contraception among Religious Groups of the North Indian Population.

Material & method: A cross-sectional study was conducted in the Department of Obs and Gyne, SSPG District Hospital (Female) Varanasi, Uttar Pradesh, India from January 2017-January 2019. The sample size for the study was calculated using the couple protection rate of Uttar Pradesh, which was around 38%. The estimated sample size determined for the study was 750 and the targeted sample group was 348. Women under the age group 15-50 years reported to the SSPG District Hospital female Varanasi were assessed by structured interview and data recorded.

Result: Majority of the women 367 (49%) were in the age group of 21–30 years with a mean age of 25-26 years. Among the study group 645 (86%) were Hindu, 101 (13.5%) were Muslims and 04 (0.5%) were Christians.

The number of children the couples had at the time of tubectomy. The maximum number of couples (47%) had 3 children before opting for tubectomy. The next predominant group was the couple who had 1-2 children (24%). Among all the religions spacing method of contraception was most preferred compared to tubectomy. It has been found that 41% of the Hindu population and only 5% of the Muslim population were using the spacing contraceptive. Among all the spacing contraceptive method Condom has been found as the most preferred method by all the communities and the folk method as the least preferred.

Conclusion: The analysis shows rising contraceptive use rates and declining fertility rates in all the religious groups. Muslim women in India have considerably lower contraceptive use and higher fertility rates at each parity than Hindu women. Male Condoms are found as the most preferred choice among all religions.

Keywords: Spacing Contraceptive, Tubectomy, Family Planning Program, Condom, Hindu, Muslim

Introduction

India is the second largest populated country after China in the world with a fleetly growing population at the rate of 16 million per time as per 2011 population tale data. The Government of India launched a family weal program in the 1950s to accelerate profitable and social development by reducing population growth. But this program has met with only borderline success. This is because the people of India have different situations of mindfulness and acceptance of styles of family planning and the people are multilinguistic, multireligious, and multi-ethnical.[1] Before launching a special program, understanding the different situations of mindfulness and acceptance of styles of family planning, a thorough understanding of the differentials and determinants of fertility and mortality is essential. In recent times, there's a need for studies to understand the factors determining the fertility and family planning acceptance and practices among different religious groups, so that further specific knowledge can be gained about factors determining family planning acceptance by particular communities, which can also be used for developing the suitable program for them. In India, nearly 80% of the population is enthralled by the Hindu religion after which, the Muslim religion is the second largest community constituting about 14.23 percent (172 million) of the total population (2011 tale).

With a population of 1.35 billion and a total fertility rate (TFR) of 2.2 (with some state- position TFRs as high as 3.3), India is a crucial contributor to the FP2020 pretensions [2]. While womanish sterilization remains the most popular contraceptive system, in 2017 the Indian Government introduced new contraceptive options – injectable contraceptives and centchorman – to encourage distance using ultramodern styles [3]. In the most recent National Family Health Survey conducted in 2016, 18.1% of presently married women aged 15 – 49 yrs in Uttar Pradesh reported an unmet need for family planning [4]. As India's largest state, Uttar Pradesh has accepted numerous continued sweats to date to increase its ultramodern contraceptive frequence rate (mCPR). These sweats include adding the number of IUCD and sterilization delivery points, erecting the capacity of healthcare providers through training in injectables and IUCDs, perfecting identification and support of couples with unmet requirements, and icing the vacuity of trained staff, goods, medicines, and outfit both in the community and the installation. The state has also created FP accoutrements to distribute to newlyweds in pastoral areas, put up free condom boxes in strategic locales including hospitals, and raised fiscal impulses for sterilization procedures [5]. SIFPSA (State inventions in Family Planning Services Project Agency), a common adventure of the Government of India, USAID, and the Government of Uttar Pradesh has designed and enforced several medial- and mass-media juggernauts to accelerate the government's sweats for demand generation for family planning in the state [6].

Material and Method

A cross-sectional study was conducted in the Department of Obs and Gyne, SSPG District Hospital (Female) Varanasi, Uttar Pradesh, India from January 2017- January 2019.

The sample size for the study was calculated using the Couple protection rate as an index of the frequencies of the contraceptive practice in India. The sample size was calculated according to the couple protection rate of Uttar Pradesh, which was around 38% [7] using the formula 4 pq/ L ².

The estimated sample size determined for the study was 750. Among a total 750 sample size, those in the order of ever-used contraceptives as well as all tubectomized were barred from this study. This result's final sample size for this study was 348.

Women under the age group 15- 50 years reported to the SSPG District Hospital (female) Varanasi and gave their concurrence included in the study and those who didn't give their concurrence were barred from the study.

This study was conducted for a period of 2 years from January 2017 to January 2019. Ethical clearance was attained from the ethics commission of the sanitarium and Informed consent was attained from the women for interview.

Structured interviews of each party were conducted, and data were recorded by our exploration platoon. In view of the sensitive nature of the subject due industriousness was taken to guarantee the sequestration and to ensure that the party over comfortable in responding to the questions.

The questionnaire was set in two corridor the first part contained birth information about the woman and her family which included age, religion, estate educational status, education, social class, type of family, age at marriage, number of times of wedded life, number of children, obstetric history of the woman as well as socioeconomic status was assessed by modified BG Prasad's classification for the purpose of the definition of data, social class II and III were conjoined and are depicted as middle class and social class IV and V depicted as a low class [8].

The alternate part contained information about the family planning system, assessing the station of a woman, hubby, and family members. Styles of contraception presently used, and styles used before and anticipated to use in the future. However, also the rearmost contraceptive system was taken into account for current use, If further than one system was used.

Statistical analysis

Data compendium, tabulation, and analysis were done using statistical software, SPSS interpretation 16.0 (Chicago, SPSS Inc). The data attained was enciphered and entered into Microsoft Excel worksheet 2016 and anatomized. Descriptive statistical measures like probabilities and proportions were used to express qualitative data. The data collected were anatomized using frequentness and probabilities; the Chi-square test was used to test the significance of the association

Table 1: Socio-Demographic parameters of the Study Population (Include current and ever-used contraception)

Background Characteristics	Frequency (n)	Percentage (%)
Age group (in Years)		
15-20	60	08
21-30	367	49
31-40	225	30
41-50	97	13
Religion		
Hindu	645	86
Muslim	101	13.5
Christian	04	0.5
Parity		
1-2	180	24
3	352	47

4	128	17
>4	90	12

Table-1 shows, the majority of the women 367 (49%) were in the age group of 21–30 years with a mean age of 25-26 years. Among the study group 645 (86%) were Hindu, 101 (13.5%) were Muslims and 04 (0.5%) were Christians.

The number of children the couples had at the time of tubectomy. The maximum number of couples (47%) had 3 children before opting for tubectomy. The next predominant group was a couple who had 1-2 children (24%).

Table2. Use of contraceptive method on the basis of religion

Religion	Current User		Non-User (Ever User)
	Spacing	Tubectomy	
Hindu	307(72%)	119(28%)	219
Muslim	38(85%)	07(15%)	56
Christian	03(100%)	(0%)	01
Total	348	126	276

Table 2 shows, among all the religions spacing method of contraception was the most preferred

Table3. Use of Spacing contraceptive method on the basis of religion (n=348)

Religion	Oral Contraceptive pills	Male Condom	Copper-T	Natural Methods	Folk Methods	Total
Hindu	43 (14%)	14 (48%)	31 (10%)	67 (22%)	18 (6%)	307
Muslim	04 (10%)	27 (70%)	2 (6%)	04 (11%)	01 (3%)	38
Christian	-	02(75%)	1 (25%)	-	-	03
Total	47	176	34	71	19	

Table-3 shows, among all the spacing contraceptive method condom has been found to most preferred method by all the communities and the folk method is the least preferred.

Male condoms were found highly preferred by Christians (75%) followed by Muslims (70%) and Hindus (48%).

Among the total population (Current user and Ever user which is 750), it has been found that 41% of the Hindu population were using the spacing contraceptive whereas only 5% of the Muslim population were using the spacing contraceptive.

Discussion

In the present study, the maturity (86%) of women were Hindu. These results are in concordance with colourful other studies where advanced acceptance of sterilization is by Hindu women [9- 11].

Regarding knowledge- related questions, roughly half of the population in both Muslim and Hindu people know a place where the system of family planning was attained and the maturity (99%) of them knows about at least one type of contraceptive system. It coincides with the study conducted by Qureishi et al in which they stated that 98.7% are having knowledge of family planning. About 98.9% of the actors were believing in womanish sterilization is the way to avoid gestation [12]. Lincoln et al, conducted a study in 2017 in Fiji, and set up that 84.6% of the actors were apprehensive of sterilization [13].

In the present study only an normal of 46% of the actors had knowledge about

condoms, natural contraceptive styles, oral contraceptive capsules, and IUCD are one of the contraceptive styles. There's a necessity to produce mindfulness among both persuasions (Hindu, and Muslim) about oral contraceptive capsules and IUCD.

Further than half of the Muslim actors explosively agreed that believes in Islam-religion help women from using contraceptives in the belief that Islam says further children and mainly children must be born to women. A study by Saifi et al stated that 34.55% of Muslim women not using any kind of contraceptive styles due to religious restrictions and 30% not rehearsing contraceptive styles if they had a womanish child as their first child [14]. Knowledge rates were also lower in the Muslim population when compared to the Hindu population. Nearly all actors differ with vasectomy as a system of contraception.

A study conducted by Aghoja et al in Nigeria set up analogous results as the present study i.e., the factors associated with low contraceptive operation were ineffective vehicle of information regarding colourful contraceptive styles, low knowledge position especially in the Muslim population, fear of side goods, family enterprises, low socioeconomic situations, artistic and religious beliefs [15].

The National Family Planning Programme of India introduced condoms as one of the family planning styles in the late 1960s. The reason for choosing condoms over other distance family planning styles includes the fear of side goods of other ultramodern distance styles. The most common reason for discontinuing oral capsules, and intrauterine bias(IUDs) within one time of beginning their use was enterprises with side goods or health enterprises [16]. Civic condom druggies reported apothecaries or apothecaries (45.4%) as the source of condoms, while 35.7 percent of women reported they did know the source from where their misters brought the condom [16]. The implicit factor contributing to the condom's fashion ability may be active social marketing programs and marketable advertising of condoms. In the present study, it has been set up condom among Muslims was advanced in use compared to Hindus. This finding is supported by other studies also [17] as well numerous Muslim scholars comment that family planning is as old as Islam. The companions of the Prophet (Peace Be Upon Him) rehearsed al- azl (pullout) and the Prophet didn't enjoin the practice. By analogical deduction, this has been inferred to indicate that all non-permanent styles are admissible in Islam [18,19].

Conclusion

The analysis shows rising contraceptive use rates and declining fertility rates in all religious groups. Muslim women in India have vastly lower contraceptive use and advanced fertility rates at each parity than Hindu women or women belonging to other persuasions.

The results of this study indicate that religion has a substantial independent effect on fertility in each check, and the discrimination socioeconomic status of Muslims doesn't explain their advanced fertility.

The results also indicate that contraceptive frequencies is rising for all religious groups, including Muslims, but the difference between Muslim and non-Muslim contraceptive use rates remains large and statistically significant.

Among those who use family planning, Muslims prefer permanent and temporary styles to a lesser degree than non-Muslims. The analysis indicates that Muslims ' preference for temporary ultramodern styles over sterilization isn't due to their socioeconomic characteristics.

It has also been concluded that the use of condoms among all persuasions over other

ultramodern distance family planning styles is the fear of negative side goods from other ultramodern distance styles. Problems with side goods or health enterprises were the most common reasons for stopping oral tablets and intrauterine device.

Disclosure

The authors declare that there is no conflict of interest.

Authors Contribution

Concept and Design: Dr Prabhu Dayal Gupta

Collection and Assembly of data: Dr Prabhu Dayal Gupta and Dr Sanjay Pandey

Data Analysis and Interpretation: Dr Rakesh Kumar Shukla

Manuscript Writing: Dr Archana Mishra

Final approval of Manuscript: All authors

Accountable for all aspect of work: All authors

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