

## PRACTICES OF RURAL WOMEN ADOPTING METHODS OF CONTRACEPTION

Ranjana Gupta, Ph. D.

Associate Professor- Home Science, K. R. Girls P.G. College Mathura

### Abstract

The rural health care infrastructure in the country is not sufficient to meet the current population norm, according to Rural Health Statistics 2014-15 released by the government. The figures of rural health infrastructure in tribal areas indicate that there is a shortfall of 6,796 sub-centres, 1,267 Primary Health Centres (PHCs) and 309 Community Health Centres (CHCs). While the sub-centres, PHCs and CHCs in rural areas have increased in number in 2014-15, the current numbers are not sufficient to meet their population norm, the report says. There are 1,53,655 sub-centres, 25,308 PHCs and 5,396 CHCs functioning in the country. In the past ten years, the total number of sub-centres, PHCs and CHCs added throughout the country remain at 7,629, 2072 and 2050 respectively. Number of existing sub-centres increased from 1,46,026 in 2005 to 1,53,655 by March 2015, which includes significant increase in the figure in states like Chhattisgarh, Gujarat, Jammu and Kashmir, Karnataka, Odisha, Rajasthan, Tripura and Uttarakhand, it said. While there are still 21.4 per cent of the sub-centres that are operating from rented building, the percentage of such PHCs and CHCs is 3.9 and 0.6 respectively.\*

**Keywords:** Contraception; reproductive health; body mass index; smoking; ECP- Emergency contraceptive pill.



Scholarly Research Journal's is licensed Based on a work at [www.srjis.com](http://www.srjis.com)

### Variables:

1. Current Contraceptives use
2. Currently in sexual relationship
3. Frequency of sexual intercourse
4. Ever used any method to prevent pregnancy
5. Current Contraceptives-method/methods
6. Traditional
7. Condoms-only
8. Contraceptive pills only
9. Modern with/without condoms
10. Decision maker for contraception

**Definitions:**

**Knowledge** Awareness, understanding and problem solving capacity.

**Practice** means application of rules and knowledge into action.

**Contraception** refers to decision to decision to delay pregnancy by known method. The methods of contraception: oral hormonal pills, the intra-uterine device (IUD), the male condom, progestin-only injections, the implant, vaginal barrier methods, the female condom, emergency contraception, female and male sterilization, and traditional methods such as fertility awareness methods [2].

**Contraceptive prevalence rate** refers to the proportion of population of childbearing age (15-49) that is currently using either a modern or a traditional contraceptive method.

**Prof. Pant<sup>1</sup> (1990:230)** has taken, income groups, occupational structure, standard of living, food supply etc. economic factors as determinants of fertility, but **Prof. Hans Raj<sup>2</sup> (1978:74-75)** has explained economic conditions, standard of living, chances of employment for growing population, children a source of income or burdon on the parents, expenses of family, economic sources of family, women’s participation in economy, employed woman, employed couples etc. as affecting factors of birth rate and fertility.

**Methodology, Data Analysis Findings and Discussion:** Exploratory research design in necessary to obtain the experience which will be helpful in formulating relevant hypothesis for more definite investigation.

**Table No. (1) : The decision maker in the family to select the contraceptives**

S. N.	Who is responsible for the decision about the selection of contraceptives in the family	in the		Total / %
		male	female	
1	Husband	134	114	248(62.00%)
2	Wife	25	36	61(15.25%)
3	Both the spouse	37	48	85(21.25%)
4	Elders(mother in law, father etc. )	04	02	06(01.50%)
<b>Total</b>		<b>200</b>	<b>200</b>	<b>400(100.00)</b>

Table (1) depicts that 134 male and 114 female (Total 248; 62%) respondents replied that the main decision maker in the family to decide the contraceptive use is the HUSBAND, 25 male and 36 female (Total 61; 15.25%) of respondents replied wife; 37 male and 48 female (Total 85; 21.25%) respondents replied that they decide with the consideration of their spouse, while

only 06(01.50%) respondents replied that the main decision maker is the elder family member as father in law or mother in law etc.

Again the respondents were asked if they are using contraceptives in any form. The responses are depicted in the given table (2)-

**Table No. (2) : Acceptance of using contraceptive**

S. N.	Acceptance of using contraceptive	male	female	Total / %
1	Yes ,using	58	60	118(29.50%)
2	Using ,but irregularly	142	140	282(70.50%)
3	Not using	00	00	0.0(00.00 %)
4	Not replied	00	00	00.00(00.00)
	<b>Total</b>	<b>200</b>	<b>200</b>	<b>400(100.00)</b>

Table (2) depicts that 58 male and 60 female (Total 118; 29.50%) respondents replied that they are using contraceptives regularly, 142 male and 140 female (Total 282; 70.50%) of respondents replied that they are using contraceptives but irregularly. after further investigation the researcher came to know the reasons that are responsible, not to use the contraceptives regularly . The shortlisted reasons are- 1.due to hesitation, 2.unavailability contraceptive at health centers, 3.fear of social stigma, 4.husband has no time to seek the health centre, 5.use of condom affects the sex drive and pleasure, 6. Use of other contraceptives such as pills and IUD's are uncomfortable and causes more bleeding during monthly circulation, 7. Other( traditional oils, plants etc), 8.Self control( safe period).

The frequencies about the irregular use of contraceptives, are depicted in the given table (3)-

**Table No. (3) : The reasons responsible for irregular adoption the measures of contraceptives**

S. No.	The responsible reasons	No. of male respondents	No. of female respondents	Total
1	due to hesitation	22	26	48
2	unavailability contraceptive at health centers	21	13	34
3	fear of social stigma	28	29	57
4	husband has no time to seek the health centre,	12	25	37
5	use of condom affects the sex drive and pleasure,	112	84	196
6	Use of other contraceptives such as pills and IUD's are uncomfortable and causes more bleeding during monthly circulation.	00	21	21
7	Using Other methods( traditional oils, plants self control, safe period)	05	02	07

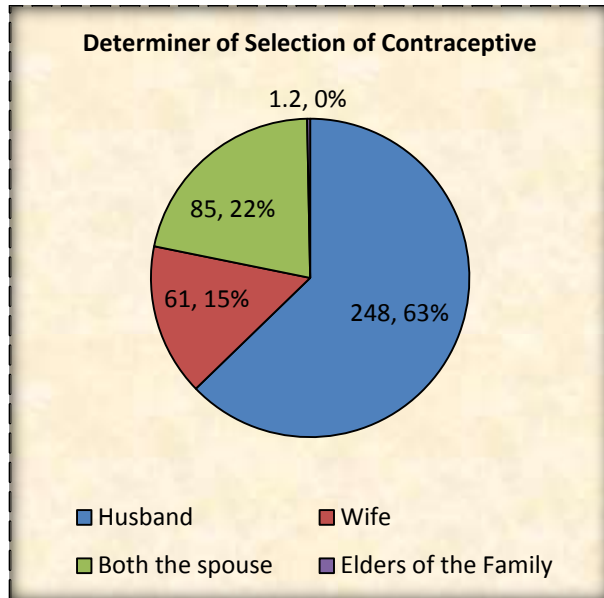
Total	200	200	400
-------	-----	-----	-----

Table (3) depicts that 22 male and 26 female (Total 48; 12%) respondents replied that they are not using contraceptives regularly due to hesitation, 21 male and 13 female (Total 34; 08.50%) of respondents told unavailability contraceptive at health centers, that 28 male and 29 female (Total 57; 14.25 %) respondents told fear of social stigma, that 12 male and 25 female (Total 37; 09.25%) respondents told husband has no time to seek the health centre, 112 male and 84 female (Total 196; 49%) respondents told that use of condom affects the sex drive and pleasure, 21 female (05.25%) respondents that use of other contraceptives such as pills and IUD's are uncomfortable and causes more bleeding during monthly circulation, 05 male and 02 female (Total 07; 01.75%) respondents told other (traditional oils, plants Self control safe period) methods are used by them.

### References:

- Agrawal S.N. ; *A Demographic Survey of Six Urbanizing Villages*, Asia Publishing House, Bombay, 1970, p. 102-103.
- Driver Edwin D. ; *Fertility in Central India*, Princeton Univ. Press, Princeton, 1963, p. 93.
- Malhotra Suneeta ; ' *Employed Women and Fertility*' Published paper, Seminar Ank, M.L.B. (Autonomous) College Gwalior (M.P.), Seminar Conducted on 23 & 24 Feb. 2009, p. 20-27.
- Quresi, Azamal ; ' *Economic Determinants and Fertility*' : An analysis, paper submitted in Seminar, Organized by M.L.B. (Autonomous) college Gwalior, on 23 & 24 Feb. 2009.
- Pant J.C. ; *Demography*, Goel Publishing House, Meerut, 1990, p.230.
- Hans Raj ; *Fundamentals of Demography : Population Studies with Special reference to India*, Surjeet Pub. House, Delhi, 1978, p. 74-75.

**GRAPH 1 : The decision maker in the family to select the contraceptives**



**GRAPPH2: The reasons responsible for irregular adoption of contraceptives**

