

Original Article

ACCEPTANCE OF IUCD IN THE INDUSTRIAL AREA OF KALYANI, NADIA, WEST BENGAL

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ABSTRACT

One thousand family of industrial workers were interviewed between January 2010 and April 2015 from Family Planning clinic of College of Medicine and JNM Hospital, Kalyani, Nadia, West Bengal to find out various socio-economic factors responsible for high fertility rate and failure of IUCD programme. 83% women were married before 20 years of age and 82% had 4 or more children. About 91% did not have any basic education. Economic status of 90% were found to be very poor. 70% were reluctant to undertake any family planning program. Acceptance rate was 11% tubectomy, 9% vasectomy, 5% oral contraceptive pills, 33% intra uterine copper device and 2% condom cases were reported. The reasons for non-acceptance of IUCD were found to be desire for more children (38%), fear of ill health (20%), fear of cancer (12%), objection from husband (10%), fear of perforation (8.5%), fear of menstrual disturbances (7.5%) and no acceptable reason (4%). It appeared that success of family planning program in the industrial area depends mainly on the socio-economic status which has to be improved to reduce the high fertility rate.

Key words: acceptance, family planning, IUCD, industrial area

Introduction

The socio-economic factors were possibly responsible for increasing the fertility rate in the industrial area. Therefore, it was decided to study how these factors exert their influence on increase in population of this sector and at the same time acceptance of Family Planning Program (IUCD).

Materials and methods

This survey was undertaken in the family planning clinic of College of Medicine and JNM Hospital, Kalyani, Nadia, West Bengal since January 2010 to April 2014. During this period 1000 families of industrial workers were interviewed and analyzed to find out various socio-economic factors responsible for high fertility rate and

failure of I.U.C.D. Program.

A complete history regarding types of workers, age of women at marriage, parity, literacy rate, economic status, nutritional status, pregnancy wastage, I.U.C.D. Program and lastly reason for failure of I.U.C.D were evaluated in details. These findings were tabulated and correlated with one another.

Out of 1000 families, 80 percent were from male worker families whereas 20 percent were female workers. Most of the women (85%) were married before 20 years of age (Table-1) and having 4 or more children (82%), 18% of women workers were having less than 4 children indicating lower fertility in employed women as compared to the unemployed ones

TABLE -1 AGE OF MARRIAGE

Age in years	Number	Percentage
10-15	350	35%
16-20	500	50%
21-25	100	10%
26-30	30	3%
31-35	20	2%
35 and above	-	-

TABLE -3 PARITY DISTRIBUTION

Parity	Number	Percentage
1-2	30	3%
2-3	50	5%
3-4	100	10%
4-5	250	25%
5-6	270	27%
6 and above	300	30%

On further evaluation it was revealed that (table 3) 91% do not have any basic education as compared to 9% primary school level. Most of them have no knowledge as regards to fertility concerns and family planning program.

TABLE -3 LITERACY RATE

	Number	Percentage
Illiterate	910	91%
Primary School level	90	9%
High School level	-	-
College level	-	-

Economic status of 90% were found to be poor (table -4). They include 80% male workers and 10% female workers. Only 9% female workers were enjoying average economic status because of more earning members in the family.

TABLE-4 ECONOMIC STATUS

	Number	Percentage
Poor	900	90%
Average	90	9%
Good	10	1%

As regards the acceptance of family planning program, it is interesting to note that 70% family were reluctant to undertake any methods of family planning program. Only 3% I.U.C.D, 5% oral tablets and 2% condom (nirodh) acceptance respectively (table -5). There is slightly better acceptance of tubectomy 10% and vasectomy 9% operation were reported, as compared to other contraceptive methods. But overall acceptance was very poor.

TABLE -5 ACCEPTANCE AND NONACCEPTANCE OF FAMILY PLANNING PROGRAM

	Number	Percentage
Non-acceptance	700	70%
Tubectomy	110	11%
Vasectomy	90	9%
I.U.C.D	30	3%
Oral Tablet	50	5%
Condom	20	2%

On further analysis from 700 non-acceptance cases, it was revealed that all of them refused to undergo sterilisation operation because of various reasons. But alternatively, when IUCD was advised, they refused to accept it because of various reasons such as (1) Desire for more children-38%, (2) Fear of ill health- (20%), (3) Fear of cancer- (12%), (4) Opposition from husband – (10%), (5) fear of perforation- (8.5%), (6) fear of menstrual disturbance – (7.5%) (7) no

acceptable reason-(4%).

TABLE -6 REASON FOR NON-ACCEPTANCE OF I.U.C.D (N=700)

	Number	Percentage
Desire for more children	266	38%
Fear of ill health	140	20%
Fear of cancer	84	12%
Opposition from husband	70	10%
Fear of perforation	60	8.5%
Fear of menstrual disturbances	52	7.5%
No reason	28	4%

Discussion:

This study has shown that acceptance of I.U.C.D are very poor in industrial worker (who in spite of the high fertility rate refused sterilization operation.

The reasons for high fertility rate in industrial worker have been seen in the present study. There is still a great desire to marry early because of customs and taboos and early sexual desire. 85% of women who married before 20years of age, have 4 and more children. These young married women showed lack of contraceptive knowledge as compared to older married women and were reluctant to discuss family planning with the interviewers. Hence raising the age of marriage of women above 20 years could have significant effect in curtailing the effective reproductive span of women and thereby, reduction in fertility could be achieved because of better understanding of family planning measures by older women⁽¹⁾.

Another factor which has a profound influence on reducing fertility is the literacy rate of a couple, particularly that of wife. In the present study, 91% female were illiterate. Only 9% had attended the primary school level. Therefore, all women should be educated as it is seen that the better educated women are more likely to use contraceptive.^(2,3,4)

Economic status has profound influence on the fertility of an industrial worker. High fertility rates were observed in families of workers with poor economic status (90%) as compared to low fertility rates in families having average (9%) and high (1%) economic status respectively.

Family planning program in industrial area were found to be very poor. 70% of families were reluctant to undergo any operative methods, alternatively when I.U.C.D was advised they refused it too. Main reasons for non-acceptance of I.U.C.D in the present study were a great desire for more children (30%) which leads to more employed hand in the family which indirectly increases the fertility rate.

The general ill health phobia is a big problem in this region. 7.5% cases in the present study were afraid of disturbance of menstrual cycles and 20% fear of ill health. All the above problems were well predicted before the I.U.C.D insertion.

Fear of cancer (12%), opposition from husband (10%) and fear of perforation (8.5%) in the present study is a real problem and that has to be overcome by proper education and

counselling. The husband should be taken into confidence from the initial stage of counselling for I.U.C.D.

Conclusion:

It appeared from this study that success of family planning program in an industrial area depends mainly on the socio-economic status of the worker's family which has to be improved to reduce the high fertility rate.

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