



## Inter-Spouse Communication and Agreement Regarding Reproductive Intentions and Contraception in Urban Bangalore, India

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### ABSTRACT

**Introduction:** *contraceptive practices are influenced by various factors and necessity for the actual practice of contraception to limit or to space births tries to relate inter-spouse communication with actual fertility.*

**Aim:** *To study the husband wife communication and contraception use among married women in urban Bangalore. Study Design: It is a community based cross-sectional study.*

**Study Area:** *Urban field Practice area of Dr. B.R. Ambedkar Medical College.*

**Study Population:** *Married women in the reproductive age group of 15-45 years.*

**Duration of the Study:** *December 2010 to December 2011.*

**Materials and Methods:** *300 married women in the urban field practice area of Dr. B.R. Ambedkar Medical College were interviewed and examined using a pre-tested and semi-structured questionnaire after obtaining oral consent. Married women were interviewed with respect to the socio-demographic details and husband wife communication and agreement regarding contraceptive methods.*

**Results:** *106(35.35%) were aged between 25-29 years of age.177 (59%) were Hindus, 106(35.3%) were Muslims and 17(5.7%) were Christians.215 (71.7%) were belonging to Nuclear families. 153(51.3%) had secondary level of education, 46(15.3%) were illiterates, 38(12.7%) were Degree holders.252(84%) of women were housewives and were belonging to Class III (lower middle) socio-economic status. Age at marriage in the study group for 192(64%) was between 18-23years of age and 177(59%) had duration of married life was ≤10 years. 110(36.66%) had two number of living children in the study and 172(57.36%) of women had desire for two children.*

**Conclusion:** *176(58.6%) were currently using contraception. 126(71.59%) had undergone Tubectomy and none were found who had adopted Vasectomy 177(59%) who had children were belonging to Hindu Community.*

44(25%) of current users had Secondary level of education and 180(60%) who had children were belonging to Class III socio-economic status and 82(46.59%) of current users who had children. 280 (93.4%) of husbands of study population had agreed for contraception and 20(6.6%) had disagreed. 284 (94.4%) of husbands wanted same number of children as wife and 15(5%) wanted more number of children than wife. In the study group 291(97%) of women were involved in decision making for contraception usage.

**Keywords:** Inter-spouse communication, Agreement, Married women, urban area.

## INTRODUCTION

“Women and men in many countries still lack adequate access to contraceptives, unless they are given the option of controlling their fertility, severe environmental and health problems loom in the coming century throughout large parts of the world”<sup>[1]</sup>.

Men’s participation in usage of contraception is also important from the Indian society’s perspective, as men play a vital and dominant role in decision making, and therefore can either harm or help women’s reproductive health. Inter-spouse communication can help promote the gender equity between partners and eliminate gender discrimination. Social and behavioral changes in men can help prevent unwanted pregnancies and reduce unmet need in family planning.

However, the extent of acceptance of contraceptive methods still varies with the societies and also among different castes and religious groups. The factors responsible for such varied picture at the individual, family and community level with their roots in the socio-economic and cultural milieu of Indian society.

Despite heavy measures taken by various governments in developing countries, fertility is still on the rise. Men and women in these

countries tend to want large families with husbands desiring more children than their wives<sup>[2]</sup>.

Within married couple husbands and wives do not always have the same aspirations <sup>[3]</sup>. The desire for large families can be traced back to the issue of social security and potential sources of wealth <sup>[4]</sup>.

## AIM AND OBJECTIVE

To study the husband wife communication and contraception use among married women in urban Bangalore.

## MATERIALS AND METHODS

**Type of the study:** It is a community based cross-sectional study.

**Area of the study:** Urban field practice area of Dr.B.R.Ambedkar Medical College.

**Study Population:** Married women in the reproductive age group of 15-45 years, residing in urban field practice area of Dr. B.R. Ambedkar Medical College.

**Inclusion Criteria:**

-Women who are married, age of 15-45 years and presumed to be sexually active.

-Pregnant and post partum amenorrhoeic women are also included.

**Exclusion Criteria:** - Those who are not willing to participate and Unmarried women.

**Study period:**-December 2010-December 2011.

**Sampling Design:**-Systematic Random Sampling.

**Sample Size:** The sample size is calculated by taking the prevalence rate of contraceptive use (56.3%) at 5% significance level and 10% error is 300.

Urban health center, Sultanpalya, field practice area of Dr.B.R.Ambedkar medical college covers a population of 79,667, of which married couple population is 11,533.Married women of urban field practice area of Dr B.R.Ambedkar medical college was selected based on systematic random sampling method .In this; a systematic sample is formed by selecting one married women at random and additional units at evenly spaced intervals.

With the permission of the medical officer of the urban health center, one married women was selected randomly from the register and sampling units in the population are numbered subsequently by using systematic random sampling method. Married women aged around 15-45years were visited in the areas and interviewed by

maintaining privacy and by obtaining oral informed consent.

**Data collection:**

After conducting a pilot study in 50 subjects, necessary modifications were made in the proforma and the present study was undertaken for a period from December 2010-December-2011. The data was collected by interviewing the woman using a predesigned and pretested proforma in their own local language, during home to home visit. Information was collected regarding her age, education, occupation, religion, income and also about her marital history like her age at the time of marriage, duration of married life, her present parity status, if she was pregnant or post partum amenorrhoeic and also regarding the use of contraception. At the end of the questionnaire, any misconceptions or queries regarding were clarified and the respondent were thanked for extending her co-operation.

**Data analysis:**

To summarize the data percentages were used. Chi-square test was used to test the association between the factors .The data analysis was done using statistical software Mini-tab and SSP.

**RESULTS**

106(35.3%) were aged between 25-29 years of age. 177(59%) were Hindus, 106(35.3%) were Muslims and 17(5.7%) were Christians in the study.215 (71.7%) were belonging to Nuclear families.153 (51%) had secondary level of education, 46(15.3%) were illiterates, 38(12.7%) were Degree holders.154 (51.3%) of husbands had

Secondary level of education. 252(84%) of women were housewives and were belonging to Class III (lower middle) socio-economic status according to Modified Kuppaswamy's classification.

Age at marriage in the study group for 192(64%) was between 18-23years of age and 177(59%) had duration of married life was  $\leq 10$  years. 110(36.66%) had two number of living children and 172(57.36%) of women had desire for two children.145(50.34%) the age at first pregnancy is between 19-23years.Among the 300 respondents 176(58.6%) were currently using methods of contraception. 54(30.68%) of current users were in the age group of 25-29years.

Current users 126(71.59%) had undergone Tubectomy and none were found who had adopted Vasectomy as a contraceptive method in the study population.

177(59%) who had children were belonging to Hindu Community. 81(46.02%) of current users had Secondary level of education and 180(60%) who had children were belonging to Class III socio-economic status and 82(46.6%) of current users had two children

156(88.7%) women used contraception to limit their family size and 122(69.4%) used contraception after birth of first child.

280 (93.4%) of husbands of study population had agreed for contraception and 20(6.6%) had disagreed.284 (94.4%) of husbands wanted same number of children as wife and 15(5%) wanted

more number of children than wife.291(97%) of women were involved in decision making for contraception usage.

**Table-1:** Distribution of study population according to literacy status of husband and wife.

Literacy Status	Wife (%)	Husband (%)
Illiterate	15.3	16
Primary	10.7	14.7
Secondary	51	51.3
PUC	10.3	3.3
Degree	12.7	14.7
Total	100	100

**Table-2:** Distribution of the study population according to the Type of Family.

Type of Family	No of Respondents	Percentage (%)
Nuclear	215	72
Joint	57.0	19
Three	28.0	9.0
Total	300	100

**Table-3:** Distribution of the study population according to the Socio-economic status as per Modified Kuppaswamy's Classification.

Socio Economic Status	No of Respondents	Percentage (%)
Class I, Upper	3.0	1.0
Class II, Upper middle	39.0	13.0
Class III, Lower middle	180	60.0
Class IV, Upper lower	75.0	25.0
Class V, Lower	3.0	1.0
Total	300	100

**Table-4:** Distribution of the study population according to the Age at marriage.

Age at marriage	No of Respondents	Percentage (%)
Less than 18 years	74.0	24.7
18-23 years	192	64.0
24-30 years	28.0	9.3
31-35 years	6.0	2.0
Total	300	100

**Table-5:** Distribution of the study population according to the Total number of living children.

Total number of living children	No of Respondents	Percentage (%)
Nil	12.0	4.0
1	96.0	32.0
2	110	36.7
3	56.0	18.7
4	20.0	6.6
≥5	6.0	2.0
Total	300	100

**Table-6:** Distribution of the study population according to the desired family size.

Desired family size	No of Respondents	Percentage (%)
1	32.0	10.7
2	172	57.2
3	53.0	17.7
4	35.0	11.7
≥5	8.0	2.7
Total	300	100

**Table 7:** Distribution of the study population currently using contraception according to the Time of usage.

Time of usage	No of Respondents	Percentage (%)
Soon after marriage	8.0	4.0
After first child	122	69.0

After second child	45.0	26.0
After third child	1.0	1.0
Total	176	100

**Table-8:** Distribution of the study population according to the husband's opinion towards contraception.

Husband's opinion	No of Respondents	Percentage (%)
Agrees	280	93.0
Disagrees	20	7.0
Total	300	100

**Table-9:** Distribution of the study population according to the husband's opinion towards desired family size.

Husband's wants	No of Respondents	Percentage (%)
Same number of children as wife	283	94.4
Less number of children than wife	2.0	0.6
More number of children than wife	15	5.0
Total	300	100

**Table-10:** Distribution of the study population according to her involvement in decision making for contraception.

Involved in decision making	No of Respondents	Percentage (%)
Yes	291	97.0
No	9.0	3.0
Total	300	100

## DISCUSSION

Fisek & sumbuloglu (1978) in their analysis of rural Turkey, found that both husband's and wife's education is indicative of their contraceptive practices and any education overall contributes to contraceptive use both traditional & modern <sup>[5]</sup>. Couple attitudes towards family planning, family desire and women's ability to make decisions regarding the use of family planning were important predictors of family planning use. Men's attitudes played a bigger role in determining actual child bearing behavior than that of their wives <sup>[6]</sup>.

Studies have revealed that 59.6% of women admit the most common problem of hesitation to ask for a contraceptive method even from her husband and from the health worker <sup>[7]</sup>.

Acharya, R. and S. Surender (1996), analysis significantly indicates the necessity of good husband-wife communication for the actual practice of contraception to limit or to space births. The second part of the analysis tries to relate inter-spouse communication with actual fertility <sup>[8]</sup>.

The programme of action globally endorsed at the International Conference on Population and Development (ICPD), in the 1990's emphasized the need for equity in gender relations with a special focus on Men's shared responsibility and active involvement to promote reproductive and sexual health <sup>[9]</sup>.

Men have been a neglected client group. If men do not have access to reproductive health information and services, they are unable to participate in responsible reproductive decision making.

The World conference on Women, in Beijing, China (1995), emphasized on gender equality and stressed the need for men and women working together. This would help:

- a) Men's own reproductive health issues,
- b) Share responsibilities for reproductive health care needs of the partner,
- c) Provide increasing opportunities to women in decision-making and ending violence against women, and
- d) Reproductive and health care of children through proper education and counseling of adolescents and youths <sup>[10]</sup>.

Surveys have found that married couples are increasingly discussing family planning. Communication between partners about child bearing and family planning is closely linked to successful contraceptive use. Husbands and wives who discuss family planning together are more likely to use contraception effectively and to have fewer children <sup>[11], [12]</sup>. In order for a husband and wife to agree on the use of family planning, couples not only must discuss the topic but also accurately perceive each other's attitude's. Women who do not know whether their husbands approve of family planning, or who believe that their husbands disapprove, is much less likely to

use contraception than those who believe that their husbands approve <sup>[13]</sup>.

Raju, in his study at Andhra Pradesh observed that nearly half of the respondents (47%) rarely discussed family planning with their wives <sup>[14]</sup>.

Bhatia & Neumann, in their study, observed that about half (49.6%) of ever married respondents never talked with their spouses about the number of children they would like to have <sup>[15]</sup>.

A study undertaken by the Post partum Programme Centre Regional Institute of Medical Sciences, Imphal (1989-2000) revealed that compared to Vasectomy(1.19%),the percentage of Tubectomy was far greater (12.37%).This difference might be due to the male dominant nature of Indian Society, which prevailed in the study area <sup>[16]</sup>.

A study conducted in Uttar Pradesh shows that wives basically agreed with the decisions taken by their husbands. Silent concurrence by women or lack of protest by them was interpreted as having aimed at a joint decision. Women almost never question the decision of their husbands, nor do they enter into any discussion with them <sup>[17]</sup>. In a study conducted in Delhi, showed concordance of 93.5% was observed amongst husbands and wives regarding unmet need of family planning. In majority of the cases (82.5%) both husbands and wives did not have unmet need of family planning.81.5% husbands approved for contraception use. A high level of agreement in number of living children was also reported by Vlasoff et al. in a study from rural Maharashtra,

where only 0.4% disagreement was observed for number of currently living sons and daughters <sup>[18]</sup>.

In a similar study, 52.4% of husbands wanted same number of children, 33.7% wanted more number of children, and 13.7% wanted less number of children compared to their wives <sup>[19]</sup>. Studies prove that spouses who discuss with each other are more likely to use contraception effectively and have fewer children <sup>[11],[12]</sup>.

In a similar study, it was observed that 60% of women were involved in contraceptive decision making <sup>[6]</sup>.

## RECOMMENDATIONS

- IEC components of family planning programmes should husband who may be obstacles to the adoption of contraception by the woman in need.
- A multi-pronged strategy aimed at equal involvement of both husband and wife as one unit should be able to bring out an outcome favorable in terms of contraception use.
- Efforts to promote societal receptivity to contraceptive use can help women overcome the cultural and social barriers to achieve their desired family size.
- Inter-spouse communication should be improved by means of men's involvement and access to reproductive health information and services, which will enable them to take responsible reproductive decisions. This would also

improve their attitude towards acceptance of spacing methods and vasectomy.

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