

CHAPTER V

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The main purpose of this study was to describe the prevalence of contraceptive use and to identify the factors related to contraceptive use among the married women of the reproductive age in Punakha District of Bhutan

This study was done with the expectation that the out come could be useful for the reproductive health program in designing the future reproductive activities in the District

This discussion deals with the research questions, including the description of the relationships between results and places it in context of the literature to arrive at conclusions and recommendations.

5.2 What is the Prevalence of Contraceptives Use?

The overall prevalence of contraceptive use among the respondent was (53.4%), out of which 47.2% uses modern contraceptives and 6.2% applies to traditional method of contraception. It was higher than the contraceptive prevalence rate shown by the (Ministry of Health and Education, 2003). This shows that the utilization of the contraceptives was not equal among the districts in the country. Punakha being the old

capital there are proper roads in the district, roads connect every major village. Therefore, the accessibility to the service is within the reach of the community even though they have to walk for 4-5 hours.

In terms of contraceptive methods used, the majority of the respondents used injection 38.8%, followed by IUD 20.6%, condom 16.8%, oral pill 10.3%, abstinence comprised of 10.3%, and withdrawal comprised of 1.9%. Reproductive health statistic (2003) also shows that injection was the most used contraceptive in Bhutan, followed by oral pill and sterilization, and the least used as IUD, but in this study IUD ranks second in term of contraceptives used. Even though all the methods are available in the hospital and the health centers. Preference to injection may be due to convenience, as most of the villages are away from the hospital/health center, it is very convenient for the women to get one shot of injection every three months.

Low use of oral pills and condom may be due to the negative perception on the methods, many thought that oral pills causes lots of problems like headache, irregular menstrual bleeding and most forget to take the pills regularly which leads to the discontinuation and pregnancy. Many women thought that condom is not good, as their husbands don't like it. It may be because of lower level of education. Further study in exploring this phenomenon could provide understanding and be useful for the family planning program.

In this study the reasons given for non use of contraceptive were, (1) want more children, (2) I am lactating mother, (3) feel shy to get the method, (4) less sexual activity, (5) opposed by husband and (6) afraid of side effects. Among the reasons given, “want more children” was the majority followed by “I am lactating”. There are women who still feel shy to get the contraceptives (2.4%), it is consistent with (WHO, 1998) who stated that feeling ashamed of obtaining contraceptive deterred women from using contraceptives. This barrier can be removed by enhancing information, communication and education activities directed to potential clients and efforts to change attitudes and social norms about family planning.

5.3 What are the Factors Affecting Utilization of Contraceptives?

Predisposing Factors/socio-demographic characteristic

Age in previous study of Chacko (2001) was found as one of the factors associated with contraceptive use, in this study also there was an association between age and contraceptive use. Contraceptive use increases as the age of the women increases Those respondents ≤ 25 years used less contraceptive, The reason could be that they are newly married or having fewer children. Therefore they tend to use less contraceptives than the older women.

Number of living children also effects contraceptive use. Contraceptives used increases as the number of living children increases. It was consistent with Chacko’s study (2001) in rural India that the number of living children was a main variable affecting the use of contraceptive among married women.

In contrast with the literature (Chacko, 2001 ; Juarez, 2004) that in the developing countries, there is strong relationship between low education and the absence of family planning. There was no statistical difference in contraceptive use and the education of the women in this study (p-value .220). The majority of the contraceptives used were among the illiterate group; the probable reason for this could be because of the strong awareness campaign on family planning and because of free contraceptive and free contraceptive services in the country.

Occupation of the respondents varies from farming to government servant to business. It shows that women are involved in all types of work in Bhutan. Most of the respondents are farmer and housewife; to facilities bivariate analysis the occupation of the women are grouped as 'working inside' and 'working outside' in this survey majority of the respondents who used contraceptives are among the working outside, (p-value.003). The probable reason could be because those women who are working outside have easy access and more time available to attend services and also it is difficult for the working outside women to take care of many children, as caring for preschool children was not available in the country.

Another factor related to contraceptive use was income. Comparing three groups, low-income, middle income and high income. It was found that most contraceptives users were among the higher income group followed by lower income group. Even though the contraceptive are provided free of cost in the country, contraceptive uses was low among the middle income group was lower, cost to obtain

is not a barrier. This may be because of other confounding factors that effect utilization of contraceptive among the middle-income groups.

In this study desire to have children and child's gender preference was seen as one of the factors effecting contraceptive utilization. Contraceptive used was less among those respondents who had desire to become pregnant.

In this study contraceptive use was high among those respondents who had no child's gender preference, non-use of contraceptive was high among those who had child's gender preference. It shows that there was no discrimination among the child's gender. It may because in Bhutan women inherits land and all other assets and women heads the house (Wangdi, 2002). It was not consistent with the finding of (Chacko, 2001) in rural India that the factors that most influence a women use of contraception was the number living sons and son preference. There was statistical significant between contraceptive use and child's gender preference (p-value <.001).

In this survey there was statistical significance between the contraceptive used and the decision maker on family planning, the majority of the respondents discussed family planning with their spouse, and some of the women decided family planning for themselves, very few discussed family planning with health workers, peer and neighbor. In this study it was found that spousal communication is important in contraceptive utilization and there was no involvement of mothers and mother in-laws in family planning decision at all. It is not consistent with the (WHO, 1998) that the decisions on maternal and family planning are made by the mother in laws and

husbands in South East Asia. It may be because in Bhutan a woman has equal decision-making power.

In this survey there was no statistical significant shown between contraceptives used and the perception on contraceptives and its methods. However non-use of contraceptives was high among those respondents who had negative perception than those respondents who had positive perception. Therefore it is important to provide adequate information on contraceptives and its side effect for the women, especially in rural areas to improve their knowledge and perception about the contraception and its methods

Enabling factors

In this survey the maximum time taken to reach the health center was three to five hours, and minimum time taken to reach the health center was half an hour to two hours, although the association was not significant, findings showed higher use of contraceptives as distance lowered. It is consistent with the (WHO, 1998) that the barrier that limits women's access to contraceptive service was the distance.

In terms of service providers, the respondents who received service from both the health worker (male/female) are the highest. Most contraceptive users had no gender preference of the service provider, but most of the non-users prefer a female health worker. There was no statistical significant between contraceptives used and the service provider (p-value .171) and it shows that the organization of contraceptive service in Bhutan seems to be less gender sensitive when one assumes that female

health workers are more preferred in providing contraceptive services in Asian countries.

In this survey, finding confirmed that Knowledge on contraceptives and its methods affects contraceptive use. Those respondents who had more knowledge on contraceptives used more contraceptives than those respondents who had less knowledge on contraceptives. This study shows that the contraceptives used increased as women's knowledge on contraceptives increased, it is consistent with the (Orji & Onwudiegwu, 2002) study in Nigeria, that knowledge on contraceptives is one of the factors that is significantly associated with utilization of contraception.

Perceived level of need

In this survey the information women wanted on contraceptives are (1) availability of contraceptive methods, (2) availability of the service, (3) adverse effect of contraceptives and (4) how and when to take oral pill and follow up time for the IUD and injection. The importance of contraceptive information is often emphasized in family planning programs (Koenig, 2003 ; WHO, 2000). Showed that the amount of communication that occurs between the women and the health worker is positively associated with contraceptive utilization. This study shows that contraceptive utilization increases as the communication between the health worker and the women increases. There was significant different between the contraceptive used and the information the women received on contraceptives.

Availability of the contraceptive methods is one of the main factors effecting contraceptive utilization. In this survey there was significant difference in contraceptive use and the availability of the methods wanted by the respondents, Those women who got the contraceptive of their choice used contraceptives the most. Availability of the different method of contraceptive increases the contraceptive utilization among the women, as individual preference is influenced by personal concerns.

In this survey there was no statistical significant between contraceptive use and the waiting time. However there was a relation between the waiting time and the contraceptive used, contraceptive used was more among those women who received the service within 1 hour than those who received the service after 2 hours.

5.4 What Relationships were Statistically Significant in Effecting the Utilization of Contraceptives?

Income of the women had statistical significant in relation to contraceptive utilization (p-value was $< .001$) contraceptive utilization was higher among high income and lower income group and non use of contraceptive was high among the middle income group, even though the direct cost was not a barrier.

Number of living children also effects contraceptive use. Contraceptive used increases as number of living children increases (p-value .029). It was consistent with (Chacko's study, 2001) in rural India that the number of living children was a main variable effecting the use of contraceptive among married women.

There was a statistical significant between occupation of the women and contraceptives use (p-value .003). In this study the majority of the respondents who used contraceptives were among the women those who are working outside, the probable reason could be that those women who are working outside had better information and easy access and more time available to attend the service.

Desire to have children (p-value < .001) and child's gender preference (p-value < .001) was shown as having strong relationship with contraceptive used. It may be because in Bhutan women inherits land and all other assets and women heads the household (Wangdi, 2002). This was in contrast with the findings of Chacko (2001) in rural India that the factors that most influenced women use of contraception was the preference of having a son. This contrast illustrates the cultural difference between India and Bhutan.

Family planning decision had significant relation to contraceptives used (p-value .009), which was not consistent with the WHO (1998) that the decision on maternal and family planning are made by the mother in-laws and the husbands in South East Asia. It may be because women have equal decision-making power in the household.

There was statistical significant between contraceptive used and the service provider (p-value < .001). Contraceptive use was more among those who received service from both the gender (M/F) health workers. It shows that there was no gender sensitivity in Bhutan in terms of contraceptives service providers.

Knowledge on contraceptives and its methods had a significant relationship with contraceptive use (p-value .030), which was in line with Orji & Onwudiewu, (2002) study in Nigeria that the knowledge on contraceptives is one of the factors that is associated with utilization of contraception.

The information that the women needed from the health worker had significant relationship with the contraceptive utilization (p-value < .010). This seems to support Koenig (2003) ; WHO (2000) studies which showed that the amount of communication that occurs between the women and the health worker is positively associated with contraceptive utilization.

The availability of contraceptives of women choice had also strong relationship with contraceptive use (p-value .005), which was consistent with Orji & Onwudiegwu (2002) concluding that the availability of the contraceptives and family planning services had strong relationship with the contraceptive use.

5.5 Scope and Limitation of the Study

Scope

Selection of villages and random selection of respondents within these, provide findings that can be generalized for Punakha District only

Findings offer a useful baseline for reproductive service planning in Punakha District.

The importance of occupation, knowledge and number of living children, age of the women, information on contraceptives, are confirmed by the literature review (Chacko, 2001 ; Koenig, 2003 ; WHO, 2000)

The trained interviewers are all nurses from Punakha hospital, who were familiar with the community. Although their knowledge on the issue may have facilitated interviewing, it may also have created some bias, since they were seen as health service providers by the respondents

Limitation

This study was descriptive and cross-sectional therefore, changes over time could not be captured

The exclusion of qualitative methods in this study may have created /limitations in instrument development as well as in in-depth understanding of findings

Although bi-variate analyses identifies significant relationships, in absence of multivariate analysis approaches the strength of these relationship could not be examined

The use of qualitative methods could have yielded deeper insight in questions arising from the quantitative analysis.

5.6 Conclusion

This study aimed at providing specific information in terms of prevalence of contraceptives use and related factors that affects the use of contraceptives among the married women of reproductive age of Punakha District, Bhutan

The prevalence of contraceptive use in the selected villages in Punakha District was higher than the national average prevalence. Key factors affecting the use of contraceptive were number of living children, income, knowledge on contraceptives, availability of the method of women's choice, occupation, information received, desire to become pregnant, decision making on F/P, service provider, privacy, and child's gender preference.

The result from this study may assist the health authorities of Punakha District in development of locally appropriate family planning programs for villages and will provide reproductive health program planning with baseline information.

5.7 Recommendation

Family planning programmers

Factors that could create barriers in reducing the country's fertility rate were low knowledge on contraceptives and its methods, negative perception on the contraceptives, child's gender preference, and for some shyness in obtaining contraceptive services.

There is a need to enhance information, education, and communication efforts on contraceptive services, which may start in high schools, addressing both male and females to change the community's attitudes over time.

In addition family planning programs, could enhance capacity building for health workers especially in highlighting the importance of community participatory approaches in family planning programs

Future study

Multivariate analysis

Employment of qualitative studies

Other sites within Bhutan