International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

A Study to Determine the Quality of Life among the Permanent Contraceptive Adopters and Non-adopters at Selected Rural Areas of Dadra and Nagar Haveli

Ujjwala J. Dhodi[1], Anjali Prajapati[2]

[1]MSc Nursing, Shri Vinoba Bhave College of Nursing, Silvassa
[2]Professor, Shri Vinoba Bhave College of Nursing, Silvassa

ABSTRACT

INTRODUCTION

Contraceptive information and services are fundamental to the health and human rights of all individual, prevention of unintended pregnancies helps to lower maternal ill-health and the number of pregnancy-related deaths (According to WHO). Between 2000 and 2020, the contraceptive prevalence rate (percentage of women aged 15-49 who use any contraceptive method) increased from 47.7 to 49.0% and 77.5% globally in 2022. In Dadra and Nagar Haveli and Daman and Diu, total modern methods used is 59.8%, female sterilization is 41.6% male sterilization is 0.2%, IUD usage is 2.2%, pill usage is 3.1%, condom usage is 11.7%, and injectables contraceptive usage is 0.9%.

AIM

The aim of the study is to determine the quality of life among the permanent contraceptive adopters and non-adopters at selected rural areas of Dadra & Nagar Haveli.

METHODOLOGY

Non-experimental two group comparative descriptive design with non- probability, purposive sampling technique was used to select 100 samples, who fulfilled inclusion criteria. WHO quality of life scale (BREF), that is self-administered scale was used to assess the level of quality of life.

RESULT

The result of the study showed that the adopters mean value was 70.3450 and the standard deviation was 8.55458, non-adopters mean value was 60.4000 and the standard deviation was 6.76406, ‘t’ value was 6.448 which was higher than the table value and ‘P’ value was 0.000. So there was a highly significant difference between the quality of life among the permanent contraceptive adopters and non-adopters. Hence research hypothesis was accepted.

CONCLUSION

The study proved that the quality of life among the permanent contraceptive adopters is much better than non-adopters. Hence there is a need to create awareness and provide health education on Family planning methods to the non-adopters.

KEYWORDS: Quality of life, Permanent contraceptive adopters and non-adopters women.

INTRODUCTION

Contraceptive information and services are fundamental to the health and human rights of all individual, prevention of unintended pregnancies helps to lower maternal ill-health and the number of pregnancy-related deaths. Delaying pregnancies in young girls who are at increased risk of health problems from early childbearing, and preventing pregnancies among older women who also face increased risks, are important health benefits of family planning. (According to WHO).[2]

Globally, the number of women of reproductive age (aged 15-45 years) rose from 1.3 billion in 1990 to 1.9 billion in 2021, an increase of 46 percent. There was an even larger increase in the number of women of reproductive age who have a need for family planning-that is, they are married or in a union, or are unmarried and sexually active, they are fecund and they intend to delay or avoid childbearing. Specifically, the number of women with a need for family planning rose from 0.7 billion in 1990 to 1.1 billion in 2021, an increase of 62 percent. This need is increasingly satisfied by the use of modern contraceptive methods. At the same time, total fertility declined globally from 3.3 births per woman in 1990 to 2.3 births per woman in 2021. On average, woman today live longer periods of their reproductive lives wanting to delay or avoid childbearing.[4]

Contraceptive prevalence and the unmet need for family planning are key indicators for measuring improvements in access to reproductive health as asserted in the 2030 Agenda for sustainable Development under target 3.7. "By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programme". The data set, World contraceptive use 2022, includes country-specific survey-based observations of key family planning indicators, based on survey data available as of April 2022.

STATEMENT OF THE STUDY

"**A study to determine the Quality of life among the permanent contraceptive adopters and non-adopters at selected rural areas of Dadra & Nagar Haveli.**"

OBJECTIVES OF THE STUDY

- To assess the level of quality of life among the permanent contraceptive adopters and non-adopters.
- To compare the level of quality of life among the permanent contraceptive adopters and non-adopters.
- To find out the association between the level of quality of life among the permanent contraceptive adopters and non-adopters with the selected sociodemographic variables.

HYPOTHESES:

The following hypotheses will be tested at 0.05 level of significance.

H_1: There is a significant difference between the level of quality of life among the permanent contraceptive adopters and non-adopters.

H_2: There is a significant association between the level of quality of life and with the selected sociodemographic variables of adopters.

H_3: There is a significant association between the level of quality of life and with the selected sociodemographic variables of non-adopters.

OPERATIONAL DEFINITIONS:

- **Quality of life:** It refers to the condition of women in terms of physical, psychological, social and environmental domain which is measured by modified WHO quality of life scale.
- **Permanent contraceptive adopters:** It refers to the women who have adopted the permanent contraceptive method (Tubectomy) at the age group of 25-45 years.
- **Permanent contraceptive non-adopters:** It refers to the women who did not adopt the permanent contraceptive method (Tubectomy) till their third pregnancy at the age group of 25-45 years.

ASSUMPTION:

The study assumes that

- Selected demographic variables may influence the quality of life among the permanent contraceptive adopters and non-adopters.
- Permanent contraceptive adopters will have better quality of life than non-adopters.

RESEARCH METHODOLOGY

RESEARCH APPROACH: Quantitative research.

RESEARCH DESIGN: Non-experimental two group comparative descriptive design.

VARIABLES:

- **Research variables:** Quality of life
- **Demographic variables:** age, education, occupation, monthly income of the family, type of family, religion, number of children, education and occupation of husband.

RESEARCH SETTING: Selected rural area (Rakholi) of D & NH.

POPULATION AND SAMPLE:

POPULATION: Permanent contraceptive adopters and non-adopters from Rakholi rural area of D &NH.

SAMPLE: Permanent contraceptive adopters and non-adopters between the age group of 25-45 years.

SAMPLING TECHNIQUE: Non-probability purposive sampling technique.

DESCRIPTION OF TOOL:

Section 1: Socio-demographic Performa:

age, education, occupation, monthly income of the family, type of family, religion, number of children, education and occupation of husband

Section 2: WHO Quality of life scale

The WHO Quality of life scale-BREF (WHOQOL-BREF), still in fields trials, is a subset of 26 items from assessment have a range of 1-5, taken from the WHOQOL-100. There are 4 domains Physical health,

psychological, social relationship and environment and two individually scored items about an individual's overall perception of quality of life and health. The four domain scores are scaled in a positive direction with higher scores indicating a higher quality of life. Three items of the WHOQOL-BREF must be reversed before scoring.

SCORING

Transformed score	Interpretation
18-44	Poor Quality of life
45-66	Moderate Quality of life
67-90	Good Quality of life

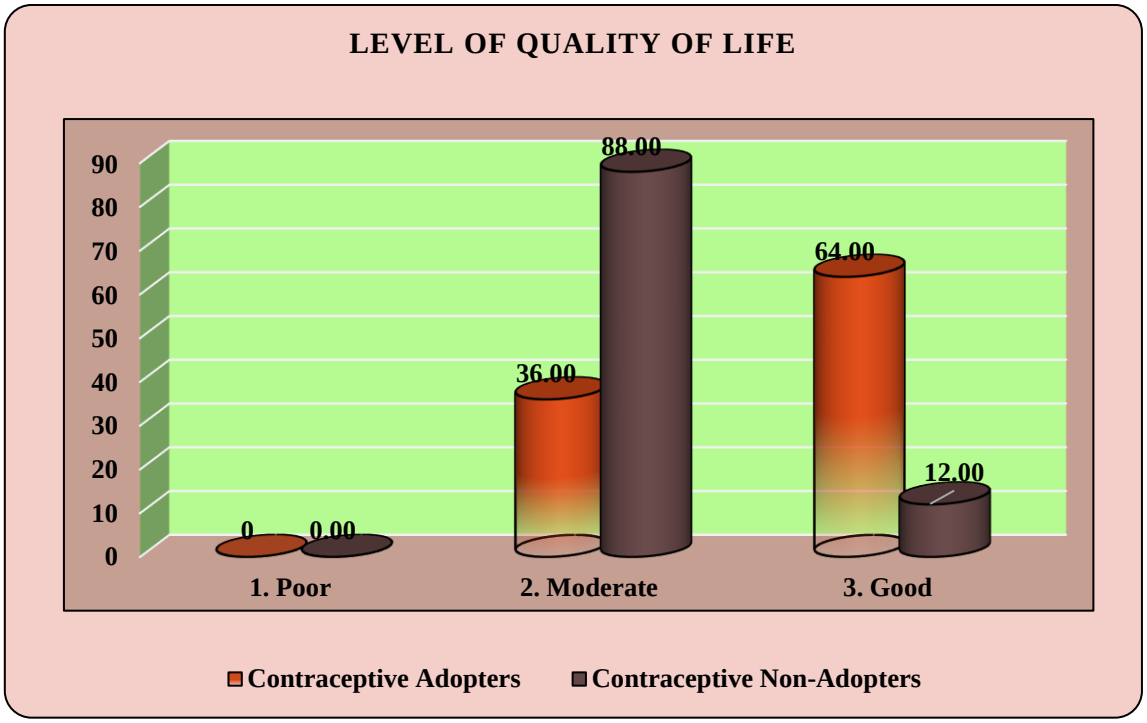
RESULTS DATA ANALYSIS AND INTERPRETATION

SECTION I: DESCRIPTION OF BASELINE CHARACTERISTICS

Demographic variables	Contraceptive adopters		Contraceptive non-adopters	
	Frequency	Percentage	Frequency	Percentage
Age				
25-30 yrs	1	2	22	44
31-35 yrs	15	30	27	54
36-40 yrs	24	48	1	2
41-45 yrs	10	20	0	0
Education of wife				
Professional degree	0	0	1	2
Graduate	1	2	2	4
Diploma	7	14	4	8
High school	22	44	10	20
Middle school	17	34	15	30
Primary school	3	6	18	36
Education of husband				
Professional degree	1	2	1	2
Graduate	7	14	7	14
Diploma	25	50	17	34
High school	12	24	14	28
Middle school	5	10	8	16
Primary school	0	0	3	6
Occupation of wife				
Shop/ Farm	5	10	1	2
Skilled worker	4	8	1	2

Unskilled worker	6	12	1	2
Unemployed	35	70	47	94
Occupation of husband				
Professional	1	2	1	2
Semiprofessional	2	4	2	4
Clerical/ Shop	6	12	2	4
Skilled worker	15	30	7	14
Semiskilled worker	16	32	17	34
Unskilled worker	10	20	20	40
Unemployed	0	0	1	2
Monthly income				
27883-46474	9	18	4	8
9308-27882	29	58	29	58
≤ 9307	12	24	17	34
Type of family				
Nuclear family	29	58	35	70
Joint family	21	42	14	28
Extended	0	0	1	2
Religion				
Hindu	45	90	45	90
Muslim	5	10	4	8
Christian	0	0	1	2
Number of children				
1	0	0	0	0
2	26	52	23	46
3	24	48	25	50
4	0	0	2	4

SECTION II: TO ASSESS THE LEVEL OF QUALITY OF LIFE AMONG THE PERMANENT CONTRACEPTIVE ADOPTERS AND NON-ADOPTERS.



The above figure shows that the frequency and percentage distribution of samples according to the quality of life of permanent contraceptive adopters and non-adopters. It reveals that none of the adopters had poor quality of life, 18 (36%) had moderate quality of life and 32 (64%) had good quality of life, and in non-adopters none of them had poor quality of life, 44 (88%) had moderate quality of life and 6 (12%) had good quality of life.

SECTION III: COMPARISION OF LEVEL OF QUALITY OF LIFE AMONG THE PERMANENT CONTRACEPTIVE ADOPTERS AND NON-ADOPTERS

Independent 't' test

n=100

Group	Mean	SD	"t" value	'P' Value
Adopters	70.3450	8.55 458	**6.448**	**0.000**
Non-adopters	60.4000	6.76406		

SECTION IV: ASSOCIATION BETWEEN THE LEVEL OF QUALITY OF LIFE AMONG PERMANENT CONTRACEPTIVE ADOPTERS WITH THE SELECTED DEMOGRAPHIC VARIABLES

n= 50

Sr No	Demographic variables	Quality of life		Total	χ^2	P-value
		Moderate	Good			
1	**Age**					
	25-30 years	0	1	1		
	31-35 years	5	10	15	**3.595**	

Sr No	Demographic variables	Quality of life		Total	χ^2	P-value
		Moderate	Good			
	36-40 years	7	17	24	**(df=3)**	**0.309 (NS)**
	41-45 years	6	4	10		
	Total	**18**	**32**	**50**		
2	**Education of wife**					
	Graduate	0	1	1		
	Diploma	1	6	7		
	High school	9	13	22	**2.432 (df=4)**	**0.657 (NS)**
	Middle school	7	10	17		
	Primary School	1	2	3		
	Total	**18**	**32**	**50**		
3	**Education of husband**					
	Professional	1	0	1		
	Graduate	2	5	7		
	Diploma	11	14	25		
	High school	2	10	12		
	Middle school	2	3	5	**4.621 (df=4)**	**0.328 (NS)**
	Total	**18**	**32**	**50**		
4	**Occupation of Wife**					
	Clerical/shop/farm	3	2	5		
	Skilled worker	1	3	4		
	Unskilled worker	3	3	6	**2.288 (df=3)**	**0.515 (NS)**
	Unemployed	11	24	35		
	Total	**18**	**32**	**50**		
5	**Occupation of Husband**					
	Professional	0	1	1		
	Semiprofessional	1	1	2		
	Clerical/shop/farm	3	3	6		
	Skilled worker	3	12	15		
	Semiskilled worker	6	10	16		
	Unskilled worker	5	5	10	**3.776 (df=5)**	**0.582 (NS)**
	Total	**18**	**32**	**50**		

Sr No	Demographic variables	Quality of life		Total	χ^2	P-value
		Moderate	Good			
6	**Monthly income of family**					
	27883-46474	5	4	9	**2.153 (df=2)**	**0.341 (NS)**
	9308-27882	10	19	29		
	≤9307	3	9	12		
	Total	**18**	**32**	**50**		
7	**Type of family**					
	Nuclear family	9	20	29	**0.739 (df=1)**	**0.390 (NS)**
	Joint family	9	12	21		
	Total	**18**	**32**	**50**		
8	**Religion**					
	Hindu	14	31	45	**4.668 (df=1)**	**0.031 (S)**
	Muslim	4	1	5		
	Total	**18**	**32**	**50**		
9	**Number of children**					
	2	10	16	26	**0.142 (df=1)**	**0.706 (NS)**
	3	8	16	24		
	Total	**18**	**32**	**50**		

❖ **p, 0.05, level of significance**

Table shows the association between the level of quality of life among the permanent contraceptive adopters with their selected demographic variables which was assessed by chi-square test.

Present study findings show that there was significant association in Religion (χ^2= (1,0.05) =4.668,0.031; p<0.05), and other variable had no association between demographic data such as age, education, occupation, type of family, monthly income of family, number of children, education and occupation of husband.

Hence, research hypothesis (H2) was accepted as the calculated value was more than table value at 0.05 level of significant for quality of life among the permanent contraceptive adopters with selected demographic variables which include, religion.

Research hypothesis (H2) was rejected as the calculated value was less than table value at 0.05 level of significant for quality of life among the permanent contraceptive adopters with selected demographic variables which include, age, education, occupation, type of family, monthly income, number of children, education and occupation of husband

SECTION V: ASSOCIATION BETWEEN THE LEVEL OF QUALITY OF LIFE AMONG PERMANENT CONTRACEPTIVE NON-ADOPTERS WITH THE SELECTED DEMOGRAPHIC VARIABLES

Sr No	Demographic Variables	Quality of life		Total	χ^2	p-value
		Moderate	Good			
1	**Age**					
	25-30 years	19	3	22		
	31-35 years	25	2	27	**7.928 (df=2)**	**0.019 (S)**
	36-40 years	0	1	1		
	Total	**44**	**6**	**50**		
2	**Education of wife**					
	Professional	1	0	1		
	Graduate	2	0	2		
	Diploma	3	1	4	**2.388 (df=5)**	**0.793 (NS)**
	High school	8	2	10		
	Middle school	13	2	15		
	Primary school	17	1	18		
	Total	**44**	**6**	**50**		
3	**Education of husband**					
	Professional	1	0	1		
	Graduate	6	1	7	**1.408 (df=5)**	**0.923 (NS)**
	Diploma	14	3	17		
	High school	13	1	14		
	Middle school	7	1	8		
	Primary school	3	0	3		
	Total	**44**	**6**	**50**		
4	**Occupation of wife**					
	Clerical/shop/farm	1	0	1		
	Skilled worker	1	0	1		
	Unskilled worker	1	0	1	**0.435 (df=3)**	**0.933 (NS)**
	Unemployed	41	6	47		
	Total	**44**	**6**	**50**		
5	**Occupation of husband**					
	Professional	1	0	1	**3.988**	**0.678**

Sr No	Demographic Variables	Quality of life		Total	χ^2	p-value
		Moderate	Good			
	Semiprofessional	2	0	2	**(df=6)**	**(NS)**
	Clerical/shop/farm	2	0	2		
	Skilled worker	7	0	7		
	Semiskilled worker	13	4	17		
	Unskilled worker	18	2	20		
	Unemployed	1	0	1		
	Total	**44**	**6**	**50**		
6	**Monthly income of family**					
	27883-46474	4	0	4	**0.635 (df=2)**	**0.728 (NS)**
	9308-27882	25	4	29		
	≤9307	15	2	17		
	Total	**44**	**6**	**50**		
7	**Type of family**					
	Nuclear family	31	4	35	**0.216 (df=2)**	**0.897 (NS)**
	Joint family	12	2	14		
	Extended	1	0	1		
	Total	**44**	**6**	**50**		
8	**Religion**					
	Hindu	41	4	45	**6.019 (df=2)**	**0.049 (S)**
	Christian	1	0	1		
	Muslim	2	2	4		
	Total	44	6	50		
9	**Number of children**					
	2	21	2	23	**2.973 (df=2)**	**0.226 (NS)**
	3	22	3	25		
	4	1	1	2		
	Total	**44**	**6**	**50**		

❖ **P,0.05, level of significance**

Present study findings show that there was significant association in age (χ^2(2,0.05) =7.928, 0.019; p<0.05) and religion (χ^2(2,0.05) =6.019, 0.049; p<0.05).

Hence, research hypothesis (H3) was accepted as the calculated value was more than table value at 0.05 level of significant for quality of life among the permanent contraceptive non-adopters with selected demographic variables which include, age religion.

Research hypothesis (H3) was rejected as the calculated value was less than table value at 0.05 level of significant for quality of life among the permanent contraceptive non-adopters with selected demographic variables which include, education, occupation, type of family, monthly income, number of children, education and occupation of husband.

DISCUSSION

The result was among 50 permanent contraceptive adopters and 50 permanent contraceptive non-adopters, the result of the study showed that the adopters mean value was 70.3450 and the standard deviation was 8.55458, non-adopters mean value was 60.4000 and the standard deviation was 6.76406, 't' value was 6.448 which was higher than the table value and 'P' value was 0.000. So there was a highly significant difference between the quality of life among the permanent contraceptive adopters and non-adopters. Hence research hypothesis was accepted.

CONCLUSION

This study assessed the level of quality of life among the permanent contraceptive adopters and non-adopters. Quality of life is a multidimensional concept that encompasses an individual's perceptions, satisfaction, and evaluation of different areas of their own lives, such as physical health, psychological well-being, social roles, and relationships. The World Health Organization (WHO) defines quality of life as an individual's perception of their position in life in relation to their goals, expectations, and concerns, influenced by their physical health, psychological state, level of independence, social relationships, and environment.

The study proved that the level of quality of life among the permanent contraceptive adopters was much better than non-adopters.

REFERENCES

1. World Health Organization. Family planning/Contraception [Internet]. Who.int. World Health Organization: WHO; 2023. Available from: https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception
2. Polit DF, Beck CT. Essentials of nursing research: appraising evidence for nursing practice. Philadelphia, Pa.; London: Lippincott Williams & Wilkins; 2010.
3. Suresh S. Nursing Research and Statistics. Elsevier Health Sciences; 2018.
4. Wikipedia Contributors. Family planning in India [Internet]. Wikipedia. Wikimedia Foundation; 2019. Available from: https://en.wikipedia.org/wiki/Family_planning_in_India
5. Trends in Contraceptive Use Worldwide 2015 United Nations [Internet]. Available from: https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/undesa_pd_report_2015_trends_contraceptive_use.
6. Bertrand JT, Ross J, Sullivan TM, Hardee K, Shelton JD. Contraceptive Method Mix: Updates and Implications. Global Health: Science and Practice. 2020 Nov 6;
7. Coulson J, Sharma V, Wen H. Understanding the global dynamics of continuing unmet need for family planning and unintended pregnancy. China Population and Development Studies. 2023 Apr 5.