CHAPTER II

LITERATURE REVIEW

2.1 Introduction

There are number of important models of health seeking behavior explaining various attributes that influences utilization of the contraceptive service. The important ones were reviewed and included as background material in this thesis development.

This chapter reviews concepts and theories on Contraceptives, Family planning and accessibility. Utilization of contraceptives and. relevant papers on utilization of contraceptives in Asia and other countries

2.2 Contraception

Definition

Contraception is the prevention of pregnancy by use of contraceptive method. Methods can be divided into permanent methods (i.e. male and female sterilization) and temporary method (i.e. barrier, hormonal and behavioral) (WHO, 2001).

Contraceptives can be divided in modern, traditional and emergency method. Modern method consists of oral pill, injection, condom, intrauterine devices (IUD), and permanent tubal ligation and vasectomy. A traditional method includes abstinence and withdrawal methods. Emergency contraception refers to methods used to prevent

pregnancy after unprotected intercourse (when no method was used or the method failed at intercourse. e.g. breakage of a condom). In order to be effective, each of the method of emergency contraception has to be used within a few days (72 hours) of the act of unprotected sexual intercourse (WHO, 1999).

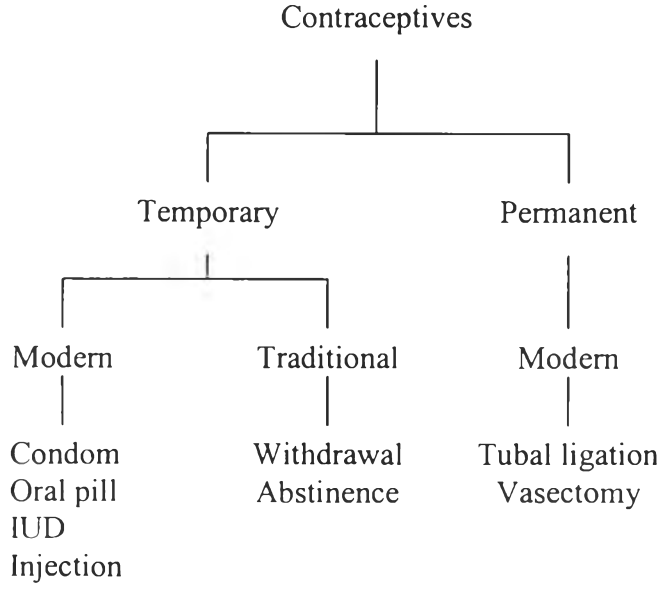

Figure 2: Classification of contraceptives

Contraceptive use saves women's lives and improves their health by allowing women to avoid unwanted and poorly timed pregnancies. Contraception uses saves children's lives by allowing parent's to delay and adequately space births, when births comes too early or less than two years apart, the health of an infant and their siblings is endangered. In addition to saving lives, family planning reduces fertility and can help to relieve the pressures that rapidly growing population place on economic, social, and natural resources. Rapid population growth impedes economic growth and makes it more difficult to achieve improvement in education, health and environmental quality (WHO/HRP, 1997).

Access to family planning services

Access means that maternal health care is within reach of women who need it; they can get to it easily and are not deterred from using the service available, either because of cost or poor treatment by staff (WHO, 1998). There are barriers that limit women's access to care such as distance, cost, multiple demands on women's time, poverty and lack of decision-making. If the family planning service is accessible to all the women who wanted no more child will be able to control their fertility, and birth would be reduced by about 35% in Latin America, 33% in Asia, and 17% in Africa. The maternal death rate would fall by at least these proportion and the population size of the developing world in 2100 would be reduced by an estimated 2.2 billion the current projection (WHO, 1998).

Cultural acceptability is defined as degree to which a service meets the cultural needs and standards of a community; this in turn will affect utilization of that service (Witter, 1997). For example family planning service staffed only by male health worker may not be acceptable to a Moslem community. Accessibility is a measure of the proportion of a population that reaches appropriate health services (WHO, 1998). Financial accessibility measures the extent to which people are able to pay for care, usually measured through a community base willingness and ability to pay survey; Geographical accessibility measures the extent to which service are available and accessible to the population. It is linked to the distribution of infrastructure in a given region but also to the actual offering of these services at these facilities. Geographical accessibility will vary according to local means of transportation as well as local topography. Functional accessibility; is the right kind of care available on continuous

bases to those who needed it and it is provided by health team required for its proper delivery.

2.3 Utilization of Family Planning Service

Utilization is defined as "act of coming in contact" with or accessing the health care services at health care facility through certain financing means. Utilization of health care is one of the determinants to look at the health and disease status of people, how ever, utilization of health care service depends on many factors such as people's health status and need, demographic characteristic, physician availability, organizational features and financing mechanism (Andersen, 1995; Hulka & Wheat, 1985). Improved access to health care, availability of physicians, and expansion of infrastructure increase utilization quantitatively (Hukla, 1985). Both health status and need for medical care play a major role in determining health service utilization (Anderson, 1995).

Aday & Andersen (1974) this model takes in to account the national health policy, the characteristics of the delivery system and consumer satisfaction as inputs. It than defines utilization as an output. Consumer satisfaction could be considered an outcome of the system. Unlike other models, this model emphasizes the importance of health policy and the health care delivery system when analyzing utilization of any given health services. Rosenstock (1966) explains that emotional beliefs of a person help in understanding the utilization pattern of services. People believing to be sick or susceptible to a disease are more likely to seek health care than those who do not believe. However, this model also suggest explanations of health behavior in which

healthy people seek care to avoid illness. This model is further developed as health belief model. Rosenstock (1966) showed utilization depends on perceptions and belief of individuals regarding their health, while Anderson (1975) pointed out that the use of health service is a function of predisposing, enabling and need components, which stressed more on behavioral theories. Another model developed by Aday & Anderson (1974) considered that utilization depends on health policy and characteristics of the health delivery system.

Suchman (1965) model is based on the socio-cultural and environmental determinants that influence people on utilization. Critical determinants of utilization behavior are the social network of family and friends and the orientation to health and medicine of the individual. The knowledge of health among relatives and friends are important in influencing utilization. Moreover, it is noted that attitudes towards the awareness of the treatment may vary considerably among cultural groups as socioeconomic status.

2.4 Concepts and Theory

The use of health service is influenced by many factors, the best-known conceptual framework for understanding the utilization of health services has been presented by the Andersen revised model of (1995) which includes, the national health policy, the resources, and their organization in the health system as important determinants of the population's use of services. This model also shows the multiple influences on health services use and subsequently, on health status. It includes feedback loops showing the outcome, in turn affects subsequent predisposing factors and perceived need for services.

Anderson model has been referred to frequently in utilization research as the behavioral model. Anderson says that use of health services is dependent upon the predisposing factor (age, gender, marital status, social class), the enabling components (income, health insurance, access to a source of care), and the need components (presence of symptoms or disease, morbidity). The enabling component indicates that though the individual may be predisposed to use health service, the individual must also have some means of obtaining them. These may remote or hinder the use of health services. Predisposing and enabling components, however, are not sufficient to affect the use of health services. What ultimately required is an individual perception of some illness need before health care is sought. This is the most crucial factor that affects choice of health service utilization.

A behavioral model of health services use for understanding access to medical care

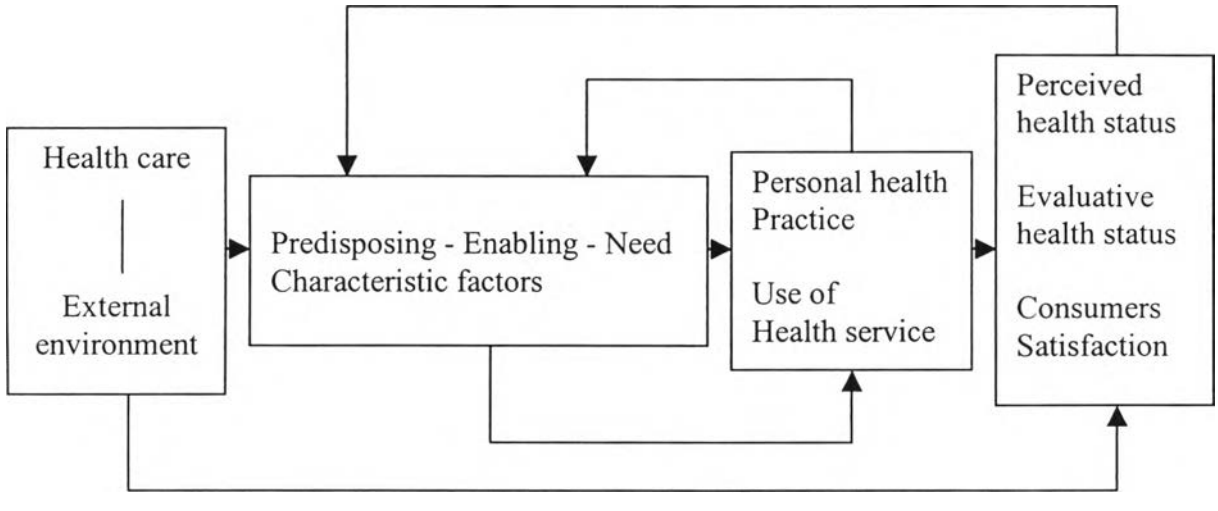

Figure 3: Revised model of health services uses of Andersen 1995.

2.5 Studies Done on Factors Affecting Utilization of Contraception

Behavioral determinants of the utilization of health services have played an important role in the adoption of preventive and curative medicine by the family, and ultimately in the reduction of morbidity and mortality incidence rates. The relationship between socio-demographic variables and utilization of contraceptive and prenatal care in developed countries has strong relationship. On other hand in developing countries a strong relationship has always been found between low education and the absence of prenatal care and family planning (Juarez, 2004). Juarez also mentions that the individual factor and the impact of health institution are another factors that determines the utilization of the service

Chacko (2001) has conducted a study to examine the determinants of contraceptives use among the married women in four villages in rural West Bengal, India. The study demonstrates that the factors that most influence a women's use of 'contraception' includes her age, the number of living sons she has, and her religious affiliation. The study also shows that the availability and quality of permanent village based government health care affects the use of contraception. The use of temporary family planning methods is negligible in the area. This study shows that socio-cultural factors and the beliefs influence the utilization of the contraceptives. It also shows that the availability of the contraceptive methods and the service quality are another factors that effects use of contraceptive services.

Orji & Onwudiegwu (2002). Has done a study to investigate the prevalence and determinants of contraceptive practice in He Ife, Nigeria. The study shows that all the

respondents were aware of the contraception and 78% are sexually active, but only 18.8% used contraception. Majority of the non-user gave no reasons for failure to use contraception. Among reasons given by others include fear of side effects, no need for contraception, not married, religion, and need for more children. The most common contraceptives used among the user were intrauterine device (IUD), followed by oral pills, condoms and injectable contraceptives. Factors, which were significantly associated with utilization of contraception, were availability of family planning services, parity, knowledge of contraception and child spacing. Where as religion, literacy level, attitudes of family planning providers and distance from the family planning services were not found to be significant in this study.

However in a study done by Ahmed, Tabenkin and Steinmetz in (2003) to examine to what extent family planning and use of contraception exist among Arab population and to determine the reasons for having many children. Found that half of the children were the result of unplanned pregnancies, it also shows that there is significant correlation between the women with low level of education and more than seven children, as the educational level rises there are less children in the family. The study also states that there is difference in fertility rates among the Jewish women and the Muslim women's. These studies show that there is lack of proper counseling to the women on contraception and it adverse effects; it also shows that women level of education has direct affect on contraceptive utilization.

Tountas, Dimitrakaki, Antou, Boulamatis & Creatsas (2004). Conducted a study to explore the current contraceptive behavior of Greek women during reproductive age.

The study was done on women of ages (16-45) years. Most common contraceptive method reported was the male condom, followed by coitus interruptus, oral pills and intrauterine device. Attitudes over responsibility of using contraception were also explored, majority of respondents thinks that contraception use is the responsibility of the men. The probability of reporting that women should be responsible in using contraception was higher in women aged (25-34) years, in those with higher level of knowledge of contraceptive issues and in those with experience of abortion. This study shows, that there is need for sexual education and easy access to counseling services in order to promote optimal contraception decision-making. The role of women in taking active responsibility over contraception use should be of great importance in reproductive health promotion.

This study was done in Bangladesh, using prospective data from approximately 7,000 reproductive aged Bangladeshi women by Koenig (2003) to evaluate the relative impact of service quality and client characteristics on contraceptive adoption and method continuation. This study shows that the importance of fieldworker quality for both contraceptive adoption and all method continuation. Higher the field worker quality of care is associated with about a 60% greater likelihood of subsequent adoption of a modern method, and roughly a one third reduction in the likelihood of contraceptive method discontinuation. The field workers who provide better quality of care may better enable women to switch contraceptive methods if use of particular methods proves greater likelihood of subsequent method adoption. The findings in this study indicate that, in respect to contraceptive adoption, field worker quality of care remains an important determinant across all socio-economic strata. For all method

continuation, in contrast, fieldworker quality of care is a highly significant determinant for uneducated women and women in the lowest socio-economic strata, but among highly educated or socio-economically advantaged women, service quality is not a significant factor affecting continuation of contraception.

Ozgur et. al. (2004). Had conducted a study to evaluate contraceptive use by women of reproductive age in the South Anatolian project region and the promotion of the use of family planning service. The study showed that 48.2% of the ever-married women of reproductive age had never used any method of family planning, 37.4% were currently using a family planning method, and 73.1% were using effective method. Logistic regression analysis showed that educational level, knowledge of Turkish, type of residence, and total number of living children were the main variables that affected the use of contraceptive methods. In similar study done Chacko (2001) in rural India, showed that the age of the women, their educational level, the total number of living children, the total number of male children, the religion of the women, the level of health care provided by the government in the village, freedom of movement, and the duration of marriage were the factors significantly affecting the use of contraceptive methods. The use of modern family planning methods is still insufficient in the developing countries, thus many couples who want to restrict or space their birth cannot do this. The unmet need of the developing countries must be met, in order to reduce the barriers to family planning in the developing countries through integrated health services.

Nagase, Kunii, Wakai & Khaleel (2003). Has done a study to clarify the current state of, and factors associated with, modern contraceptive use among married women in the Maldives. It was found that both modern contraceptive user and non-modern contraceptive user had good knowledge of, and availability and accessibility to, contraceptives and social support for contraceptive use. Non modern contraceptive users were more likely to have a husband who disapproved of modern contraceptive practice, to have difficulty communicating with their husband, to be afraid of side effects and to be dissatisfied with sexual sensation when using contraceptives, more over they cited more perceived barriers against the use of modern contraceptives and preferred larger families than those of modern contraceptives users. This study shows that there are various obstacles to modern contraceptive use among the married women. Therefore the involvement of man in the reproductive health activities should be considered, and heath promotion intervention should be enhanced to remove the perceived barriers of the women

Contraception is the prevention of pregnancy by use of contraceptive methods; it can be divided into modern, traditional and emergency method. Access to family planning means that maternal health care is within the reach of the women who needed it, accessibility can be, cultural, financial, and geographical. Utilization is defined as act of coming in contact with the health care services at health care facility; utilization of health care service depends on many factors.

Utilization of health service has been described by using many models; Anderson's model says that utilization of health services depends upon the predisposing

factor, enabling factor and level of need. There are many studies done on factors effecting contraceptive utilization, most of the study shows that one of the main factor effecting contraceptive use as education level of the women, some study found that the number of living children effect the contraceptive use. In some countries like Bangladesh and India it is found that the number of living son and son preference, and religion of the women having strong influences on contraceptives utilization. Other study shows that the age of women, income, availability, distance and quality of the service provider also effects the contraceptive utilization.