Contraceptive use among South Asian women attending general practices in southwest London

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SUMMARY

A cross-sectional survey of contraceptive practices was conducted among 180 South Asian women aged 16 to 50 years, attending inner-city general practices. Overall prevalence of contraceptive use was 63% and ranged from 70% in South Asian teenagers, to only 50% in women over 30 who had completed their family. Thirteen per cent of women had had a termination of pregnancy. Although contraceptive use in this group is increasing, it has not yet reached national levels.

Keywords: Asian women; contraceptive practices; family planning; questionnaire survey.

Introduction

The United Kingdom government's Independent Inquiry into Inequalities in Health identified the health needs of ethnic minority groups as a national priority. Reports from UK family planning programmes have focused on higher parity in local South Asian populations, which is closely linked to social disadvantage. Earlier studies have reported low contraceptive use in Asian women, indicating unmet needs, poor health education, and problems with access to appropriate family planning services. 1,2 However, contraceptive needs must be assessed in relation to sexual behaviour; higher parity may reflect cultural preferences for larger families. There is little research on contraception in Asian women attending primary care and no information on rates of termination of pregnancy. This report summarises findings from a questionnaire survey examining prevalence of contraceptive use among South Asian women attending general practices in southwest London.

Method

The study was conducted in Wandsworth between 1999 and 2000 and was approved by the Wandsworth local research ethics committee. Five practices with exclusively South Asian general practitioners (GPs) (three single-handed) took part in the study, and waiting room estimates showed that 30% to 50% of patients were of South Asian origin.3 GPs referred consecutive women aged 16 to 50 years whom they considered to be of South Asian origin. Women were asked if they considered themselves to be South Asian and included only on this basis. Those giving informed consent were interviewed by one of the authors using a structured questionnaire. Interviews were conducted in English, Hindi, Urdu or Gujarati according to preference. The questionnaire used in this study was developed and validated during general practice surgeries and ascertained socio-demographic as well as contraceptive data.3

Results

The response rate was 95% (172/180). Baseline characteristics of responders are given in Table 1. Only 23% of women described English as their main language. Seventy-nine percent of women were sexually active. Excluding women who were pregnant (n=21) or trying for a baby (n=11), 62.5% (65/104) were using contraception. Use of contraception decreased with age (relative risk [RR] = 0.8, 99% CI = 0.6 to 1.0) from 71% in teenage women to 63% among women in their third decade. Of 19 teenagers, 17 (95%) were sexually active (95%). Ten were single and all using contracep-

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HOW THIS FITS IN

What do we know?

Little is known about contraceptive use in Asian women. Earlier studies dating back to the 1980s report that Asian women have lower rates of contraceptive use than other women in the UK. There are no data on abortion rates in Asian women.

What does this paper add?

Despite public health campaigns, prevalence of contraceptive use in Asian women attending general practices in inner London remains low. This study found that older married Asian women were at risk of unplanned pregnancy. In particular, 50% of women who said they had completed their family were not using contraception. In addition, 13% of the sample had had a termination of pregnancy.

tion and seven were married of whom only two used contraception.

Among 104 sexually active women who were not intending to become pregnant, unmarried women (11/13, 85%) were more likely to be using contraception than married women (54/91, [60%]) (RR = 1.4, 99% CI = 1.1 to 1.9). Thirty percent of married women at all ages and 50% (16/32) of women aged more than 30 years who said they had completed their families were not using any contraception. Forty-three per cent (74/172) said they had never used any contraception and 23 women (13%) had a history of termination of pregnancy (Table 2).

The most common methods used included oral contraceptives (17%), condoms or condoms and rhythm method combined (16%), female sterilisation (4%) and 'natural methods' (4%). Notably, none of the women's partners had had a vasectomy. Problems with contraceptive methods included menorrhagia with intrauterine contraceptive devices, weight gain with the pill, contraceptive failure and compliance problems. Most women (44%) had no preference for any setting in which to receive their family planning provision, 36% preferred their GP and 18% preferred family planning clinics. Reasons for preferring their GP included convenience of access, multi-purpose consultations, perceived better confidentiality, and greater confidence in the doctor whom they were consulting.

Discussion

In this small study of South Asian women attending their GP, 63% of sexually active women who were not aiming to become pregnant were using contraception. Married women and older women were less likely than single or younger women to be using contraception. Of women aged over 30 years who stated that their family was complete 50% were not using any contraception. Twenty-three women (13%) gave a history of termination of pregnancy.

The use of a South Asian researcher who conducted the interviews in English, Hindi/Urdu or Gujarati contributed to the excellent response rate and allowed many non-English speaking women to be included. In addition, the study provides new data on history of termination of pregnancy in

Table 1. Baseline characteristics of Asian women in the study.

Characteristics	n = 172	Percentage
Age (years)		
16–20	19	11.0
21–30	68	39.6
31–40	54	31.4
40+	31	18.0
Ethnic group ^a	_	
British	6	3.5
Pakistani North Indian	61 44	35.5
Gujarati	23	26.0 13.4
Bangladeshi	3	1.74
Goan	2	1.2
South Indian	7	4.1
Sri Lankan	11	6.4
African	4	2.3
Afro Caribbean	1	0.6
Other	7	4.1
Marital Status		
Married	134	77.9
Single	30 1	17.4
Cohabiting Separated/Divorced/Widowed	7	0.6 4.0
·	,	4.0
Religion Hindu	72	41.9
Moslem	72 84	48.8
Sikh	8	4.7
Christian	6	3.5
Other	2	1.2
Main language		
English	39	22.7
Hindi	12	7.0
Urdu	65	37.8
Punjabi	10	5.8
Gujarati	25	14.5
Bengali Tamil	3 12	1.74 7.0
Other	6	3.5
	J	0.0
Country of birth Britain	30	17.4
India	43	25.0
Pakistan	59	34.3
Bangladesh	1	0.6
Sri Lanka	10	5.8
Africa	21	12.2
Other	8	4.7
Level of education		
None	2	1.2
Primary	26	15.1
Secondary	84	48.8
University or college	60	34.9
Sexual activity	100	70.4
Sexually active (past year)	136	79.1
Pregnant Trying for a child	21 11	12.2 6.9
At risk of unplanned pregnancy	104	60.4
Celibate (past year)	36	21.1

^aSelf-defined

South Asian women. Limitations include the small sample size and that since it included only those attending their GP during normal surgery hours, working women may be underrepresented.

In this study the prevalence of contraception among South Asian women at risk of unplanned pregnancy is similar to that seen in previous UK regional surveys (55% to

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Table 2. Explanatory responses generated from semi-structured questions.

Questions	Responses	n
Reasons for never having used contraception?	Always wanted children	26
74/172 (43%)	'Just never used'	17
	Never had sex	15
	Lack of awareness of contraception	5
	Husband objected to its use	2
	Against religion	5
	Against contraception	1
	Fear of side effects	1
	Unplanned intercourse	1
	Infertile	1
Reasons for abortion?	Too short an interval between pregnancies	7
23/172 (13%)	Career/financial consequences	4
	Unmarried	3
	Family complete	3
	Unwanted pregnancy	2
	Medical indication	1
	Other	3

70%).¹ In contrast to one study finding that South Asian teenagers reported sexual abstinence,⁴ we found that most teenage South Asian women were sexually active (95%). In line with previous reports,⁵,6 we found married South Asian women were least likely to use contraception.

The South Asian women in this study are approaching, but have not yet reached, the levels of contraceptive use in their 'white' counterparts. Despite cultural expectations of sexual abstinence, young sexually active single South Asian women were apparently able to access adequate contraception for their needs. Age differences in contraceptive prevalence may reflect acculturation, particularly for second and third generation South Asians. By contrast, married women and young mothers used less contraception and less reliable methods. This may reflect a desire to become pregnant without explicitly 'planning their family'. Only 13% of women had a history of termination of pregnancy, which is lower than overall local rates. This may be due to a cultural reluctance to undergo abortion. However, an unwanted pregnancy is nevertheless likely to place a considerable burden on some families.

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