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Research Article

Study of socio-economic determinants in family planning

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ABSTRACT

Background: India is a populous country with a diverse population belonging to different religions, cultures and geographical locations. Due to these variations, factors like education, economic background, cultural and religious beliefs influence various walks of life including family planning practices. This study was done to ascertain these influences in the working lower middle class society.
Methods: The research design was prospective and exploratory and carried out in a public hospital over a period of 3 months. 90 patients were studied and a prestructured proforma was used to analyse the awareness and use of family planning methods in the study group.
Results: Our study showed that awareness as well as use of family planning methods are affected by various factors such as age, education level, economic status, religion & joint family system. The reasons for not using contraception were side effects, religious reasons, space constraints, limited privacy and in some cases to try for a male child.
Conclusions: The government thus needs to implement strategies aimed at addressing these influences for the national family planning programs to be successful.

Keywords: Socio-economic, Family planning, Contraception

INTRODUCTION

The population of India is consistently rising post 1951 and in 2001 having crossed the billionth mark, India now enjoys the dubious reputation of being the second most populated country in the world second only to China. French institute of demographic studies, predicts India will take the top spot with a staggering population of 1.6 billion to leave behind current world leader in population, China, at the second place with 1.3 billion people.[1]

The government of India taking a serious view of this alarming possibility has introduced various family planning programmes. The 'Millennium development' goals include improving maternal health, reducing child mortality and eradicating extreme poverty, having kept reproductive health its central theme.[2] This requires that women have access to safe and effective methods of fertility control. The promotion of family planning so that women can avoid unwanted pregnancy is the cornerstone to achieving this goal.

India is thus a populous country and her population is diverse consisting of people belonging to different religions, cultures and geographical locations. Also a vast majority of Indians live in rural areas. Due to these variations, factors like education, economic background, cultural and religious beliefs influence various walks of life including family planning practices.[3]

In view of the continuing population growth rate and its negative impact on the country's functional machinery,

we must explore these factors in some detail, address them and postulate remedial measures. This promotes optimal utilisation of government resources and satisfactory implementation of family planning programs.

This study is an attempt to understand the various influences on contraceptive practices in a target population of the working class, in an urban environment belonging to the lower middle-class socio-economic strata of society.

METHODS

A prospective study was done at a public hospital where patients are from the lower middle class working population.

The research design was exploratory in nature. 90 patients were studied and a pre-structured proforma was filled. The parameters were divided as follows:

- Profile of respondents - age, No. of living children, education, employment status, total family income, type of family and religion.
- Awareness levels regarding family planning practices.
- Use of family planning methods.
- Beliefs influencing family planning practices.

Awareness levels of the respondents regarding the various family planning methods have been computed by scoring the responses to awareness related questions about each method and put under the following categories:

- Low awareness - score between 5-20 for correct responses.
- Moderate awareness - score between 21-35 for correct responses.
- High awareness - score between 36-50 for correct responses.

The data collected was tabulated and results were analysed and compared with other studies in journals and literature.

RESULTS

Total profile of respondents

Total 90 women were interviewed. Of these, 30 (33.3%) were of age group 20-25 years, 28 (33.1%) were in 26-30 years age group, 14 (15.6%) in 31-35 years followed by 10 (11.1%) and 8 (8.9%) were in the extremes of age groups, i.e. ≤20 years and >35 years respectively.

The number of living children was analysed and majority i.e. 32 (35.6%) had ≥3 children. 30 (33.3%) had 2 living children, 22 (24.4%) had 1 child; whereas 6 of them had no children.

Table 1 shows the level of education of both the women and their husbands.

Table 1: Level of education.

	Wife (number)	%	Husband (number)	%
Illiterate	4	4.4%	6	6.7%
Till 4th std.	4	4.4%	2	2.2%
5th-10th	40	44.4%	36	40%
12th and above	42	46.7%	46	51.1%
Total	90		90	

When the total monthly family income was calculated it was seen that 42 (46.7%) had a monthly income of >Rs. 15000 (upper limit Rs. 25000), 26 (28.9%) had income of Rs. 10000-15000, 20 (22.2%) earned between Rs. 5000-10000 and 2 (2.2%) had an income of < Rs. 5000.

Majority of our study group i.e. 56 (62.2%) lived in a chawl (a one room tenement), 26 (28.9) lived in a building whereas 8 (8.9%) lived in a slum.

48 (53.3%) lived in a joint family while 42 (46.7%) lived as a nuclear family.

The study group was classified according to religion and 56 (62.2%) were Hindus, 24 (26.7%) were Muslims, 8 (8.9%) were Christians and 2 (2.2%) belonged to other religions like Buddhism.

Awareness of family planning methods

Table 2 shows the different family planning methods used and their percentage of use.

Table 2: Family planning methods.

Methods	Number	Percentage
Rhythm	36	40%
Withdrawal	41	45.6%
Breastfeeding	12	13.3%
Barrier	82	91.1%
IUD	76	84.4%
OCPs	71	78.9%
Female sterilisation	87	96.7%
Male sterilisation	38	42.2%
Emergency contraception	23	25.6%
Abortion	80	88.9%

The awareness levels were classified and majority i.e. 49 (54.4%) had moderate level of awareness (score 21-35), 35 (38.9%) had high level of awareness (score 36-50) and 6 (6.7%) had low level of awareness (score 5-20).

Table 3 shows the correlation between the awareness of family planning methods with the age of respondents, education level, income group and religion.

Table 3: Factors affecting awareness of family planning method.

Awareness level	Age (years)		Illiterate-4th std.		Beyond 4th std.		Income		Religion		
	≤25	>25	W	Hu	W	Hu	≤10000	>10000	H	M	O
Low	4 10%	2 4%	5 62.5%	3 37.5%	1 1.2%	3 3.7%	5 22.7%	1 1.5%	1 1.8%	4 16.7%	1 10%
Moderate	20 50%	29 58%	3 37.5%	4 50%	46 56.1%	45 54.9%	11 50%	38 55.9%	31 55.4%	15 62.5%	3 30%
High	16 40%	19 38%	0	1 12.5%	35 42.7%	34 41.5%	6 27.3%	29 42.7%	24 42.9%	5 20.8%	6 60%
Total	40	50	8	8	82	82	22	68	56	24	10

W-Wife, Hu-Husband, H-Hindus, M-Muslims, O-Others

Use of family planning methods

Among the 90 women studied, 52 (57.8%) had not used any contraception. Table 4 shows the comparison between the awareness level and use of family planning methods.

The correlation is shown between the use of family planning method with age groups, education level, income, religion and type of family system in Table 5.

Table 4: Awareness levels versus use of family planning.

	Low	Moderate	High	Total
Used	1 (16%)	18 (36.7%)	19 (54.3%)	38
Not used	5 (83.3%)	31 (63.3%)	1Rs.6 (45.7%)	52
Total	6	49	35	90

Table 5: Factors affecting use of family planning methods.

Family planning method	Age (years)		Illiterate-4th		Beyond 4th		Total family income (INR)		Religion			Type of family	
	≤25	>25	w	Hu	W	Hu	≤10000	>10000	H	M	O	J	N
Used	18 45%	20 40%	2 25%	1 12.5%	36 43.9%	37 45.1%	8 36.4%	30 44.1%	21 37.5%	11 45.8%	6 60%	16 33.3%	22 52.4%
Not used	22 55%	30 60%	6 75%	7 87.5%	46 56.1%	45 54.9%	14 63.6%	38 55.9%	35 62.5%	13 54.2%	4 40%	32 66.7%	20 47.6%
Total	40	50	8	8	82	82	22	68	56	24	10	48	42

W-Wife, Hu-Husband, H-Hindus, M-Muslims, O-Others, J-Joint, N-Nuclear

Belief system

Table 6 lists the various reasons given by the respondents for not using family planning methods.

The study group was questioned as to who took the decision to use or not use family planning methods and it was seen that in 32 (35.6%) cases both husband and wife decided jointly, 28 (31.1%) women said that the husband was the deciding person and in 22 (24.4%) cases the decision was influenced by other family members.

Table 6: Reasons for non-use.

Reasons	OCP	IUD	Barrier	Female sterilisation	Male sterilisation	Natural method	Withdrawal	Breast feeding
Side effects	19	18	0	0	0	0	0	0
Tedious to use	2	0	0	0	0	6	0	0
Religious reasons	3	3	0	11	10	0	0	0
Unaware	2	2	1	5	11	13	10	12
Husband refusal	0	0	3	0	6	0	0	0
Unreliable	0	0	7	0	0	8	15	11
Permanent method	0	0	0	13	9	0	0	0
Female children	0	0	0	10	0	0	0	0

DISCUSSION

Our study group of 90 women are mostly between 20 and 30 years of age, majority having more than 2 living children and living in a joint family system. 51.1% had total monthly income of INR 5000-15000 and 62.2% lived in a one room tenement. The education level of both husband and wife in most cases was above secondary level.

The awareness level of most of the group was moderate (54.4%). Majority were aware of the contraception methods that are offered by the government as part of the national family planning programmes such as condoms, intra uterine devices and female sterilisation method. Male sterilisation remained an exception as a method of contraception (only 42.2% were aware of it). 88.9% women considered abortion as a contraceptive method. When the awareness level and use of family planning method was compared, it was seen that even in the high level awareness group only 54.3% actually used contraception. This was also seen in a study by Agyei WK et al. where level of contraception use was low in comparison with knowledge and attitudes.[4]

Our study shows that awareness as well as use of family planning methods are affected by various factors such as age, education level, economic status and religion. The use of contraception is also influenced by the system of joint family. The reasons for not using contraception were side effects, religious reasons, space constraints, limited privacy and in some cases to try for a male child. Bongaarts J et al. have also shown that the principal reasons for non-use are lack of knowledge, fear of side effects and social and familial disapproval.[5]

Srikanthan et al. in their study have also shown that religious and cultural factors influence acceptance and use of contraception.[6] Shaikh BT et al. have studied the influence of Islamic religion on contraception.[7] On the contrary, Sriya Iyer in her study found no statistically significant difference between Hindus and Muslims in the effect of religion on contraception adoption.[8]

Lakew Y et al. have shown that being wealthy, more educated, being employed strongly predicted use of contraception.[9] Similar studies showing effect of education and employment status have been done by Shapiro D et al.[10] and Cepuliene R et al.[11]

In a study by Mary Ann et al. on rural Indian women it is noted that they believe modern reversible methods and vasectomy have high physical and social risks.[3]

CONCLUSION

Our study provides an insight regarding the awareness and utilisation of family planning methods and the factors that play a significant role in deciding their use. This information, though cannot be generalised to all women due to the limited nature of the study, gives an understanding of behaviour patterns. Programs for family planning are likely to be more successful when they reach beyond the conventional boundaries of service provision to influence and alter the cultural and familial factors that limit voluntary contraceptive use. The challenge then remains, that if the awareness of contraception and its options exist, how do we increase its use? The government and its service providers need to work on implementing strategies aimed at closing this divide.

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