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Original Research Article

A study on knowledge of contraceptive usage and its determinants among married women in urban slum of Nalgonda district

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ABSTRACT

Background: India was the first country in the world to launch National Family Welfare Programme in 1951.Modern contraceptive use remains an important public health intervention to reduce maternal mortality, avert unintended pregnancies, and to control population explosion especially in developing countries. To determine the extent of knowledge, awareness and practices of contraceptive use among married women
Methods: A descriptive cross-sectional study was done for a period of three months duration conducted among married women in reproductive age group of 15-49 years in urban slums of field practice area.
Results: Among eligible couple, those who want to avoid pregnancy, though they have knowledge and awareness (93.5%), Out of them only 21% of participants were using temporary methods. Most of them (37.4%) were opting for tubectomy. The source of information is mostly from health personnel (46.8%), followed by friends and family members 42%. Partner (38.7%) and "in-laws" (14.8%) consent, fear of side effects (29.6%), illiterates (31.6%) and low socio-economic status (47%) playing major role as barriers of acceptance of birth control methods.
Conclusions: The prevalence of contraceptive usage in our study was found to be 58.7%. In present study 41.2% women use no contraceptives which clearly indicate that awareness about contraceptives is not sufficient for its actual use in this community and extended efforts will be needed.

Keywords: Eligible couples, Contraceptives prevalence, Urban slums

INTRODUCTION

India is the first country to launch the National Family Welfare Programme in 1951 with the objective of reducing the birth rate to the extent necessary to stabilize the population at a level consistent with the requirement of the National economy. The Family Welfare Programme in India is recognized as a priority area, and is being implemented as a 100% centrally sponsored programme.[1] Lack of knowledge regarding fertility control or contraceptive use contribute in population burst. According to UN projections India's population will reach 1.53 billion by the year 2050. This is especially true for India where it was estimated that the urban population is one of the largest in the world. According to census 2011 Urban India has 31.80% of the national population.[2]

In urban field, most of population (60%) resides in urban slum area. Urban slum is having deprived and vulnerable population as poverty, literacy and ignorance is more common.[3] In spite of the efforts of the Family planning programs in India, there are women who have not at all used a method of family planning during the course of their reproductive life due to many reasons like lack of knowledge, illiteracy and fear of side effects. Considering the above factors, the following study was carried out in an urban slum area to assess the knowledge about various family planning techniques and current trends in usage of contraceptive methods.

Objectives

Objectives of current study were to study the knowledge about family planning methods among reproductive age women (15-45 years), to determine the various socio demographic variants of these women, to find out the association between socio demographic variants and adoption of family planning practices and to find out the reasons for non-adoption of family planning.

METHODS

Current study is a community based cross-sectional study, and the study area is the 3 urban slums wards attached to Community Medicine department of Kamineni institute of medical sciences Nalgonda district, for 3 months among the reproductive women. The sample size was calculated by using contraceptive prevalence and the formula used was $(Z\alpha)^2pq/l^2$ in Nalgonda District. The prevalence of contraception is 53.5% according to NFHS-4 and by taking 15% of allowable error and 95% of confidence interval the prevalence rate is calculated as 155 as the total sample. The data was collected on a pre designed and pre tested questionnaire by interview method in their local language.

Inclusion criteria

Inclusion criteria included eligible couples (15-45 years) residing in slum for more than 6 months; gave consent for study.

Exclusion criteria

Exclusion criteria were separated/divorced/widow; hysterectomy done.

Statistical analysis

Data was analyzed using SPSS 17 software package and expressed in tables, charts and proportions.

RESULTS

Majority of the subjects were having the knowledge regarding on permanent methods 145 (93.5%) i.e. (Tubectomy and vasectomy women), followed by the male condoms 129 (83.2%), IUCD 42 (27.4%), oral pills 36 (23.4%), safe period 24 (15.5%), female condoms 16 (10.2%) women, and 10 (6.45%) women were unaware about any of the methods of contraception, none of them are aware of the injectables (Table 1). The source of information of contraceptive method among the users. Health personnel were the most common source of information about contraceptives in 68 (47%) women, followed by family members and relatives 62 (42.7%), media 15 (10.3%). Contraceptive prevalence was found to be 59% and those who are not using contraception was found to be 41% (Figure 2). Contraceptive prevalence was found to be 58.7% whereas and 41.2% women used no contraceptives. Tubal ligation was found maximum (37.4%), followed by OC pills (10.3%) and IUCD (6.4%) (Figure 1). The demographic profile and contraceptive usage of 155 women in the age group of 15-45 years were studied, of which majority 79 (51%) women were in the 15-25 years age group, which is the most crucial period in the reproductive span, out of which 42 (53.2%) followed contraception. 52 (33.5%) were in 26-35 years age group, of which 32 (61.5%) followed contraception and 24 (15.5%) were in 36-45 years age group, of which 17 (70.8%) followed contraception. The contraceptive usage increased as the age increased and this difference was found to be statistically not significant.

Table 1: Distribution of knowledge of contraceptives among the study population.

Knowledge on contraceptives	N	%
Heard or aware of contraceptives	145	93.5
Tubectomy and vasectomy	145	93.5
Male condoms	129	83.2
Female condoms	16	10.2
Oral pills	36	23.45
Iucd	42	27.4
Safe period	24	15.5
Injectable	nil	nil

The next parameter studied was women's education status and contraceptive usage, in our study majority of them had primary education that is 50 (32.2%) of which 23 (46.0%) followed contraception. 48 (31%) women were illiterates, of which 27 (56.3%) followed contraception. 33 (21.3%) were graduates and above, of which 22 (66.7%) followed contraception. 24 (15.5%) were high school and intermediate, of which 19 (79.2%) followed contraception. As the couple's education increased the contraceptive usage increased which was found to be statistically significant. Next parameter is occupation and contraceptive usage.

We did not find any influence of occupation on contraception followed. The next parameter was religion and contraceptive usage. In our study, majority 130 (83.8%) were Hindus, of which 82 (63.1%) followed contraception. 18 (11.6%) were Muslims, of which 5 (27.8%) followed contraception. 7 (4.5%) were Christians, of which 4 (80.0%) followed contraception. In our study most of the Christians followed contraception followed by Hindus and then by Muslims which was statistically significant. The next parameter is socio-economic status and the contraceptive use in our study majority 71 (45.8%) of them belong to lower class out of which 32 (45.1%) followed contraception. 53 (34.2%) belongs to middle class, out of which 35 (66.1%) followed contraception, 31 (20.0%) belongs to high class, out of which 24 (77.5%) followed contraception. In our study we found that as the income increased the use of contraception increased and was found to be statistically significant.

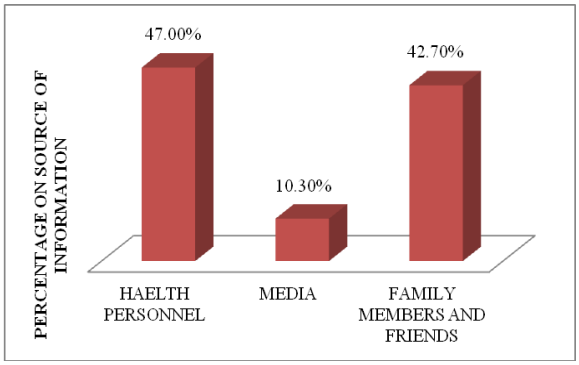

Figure 1: Source of information among study population.

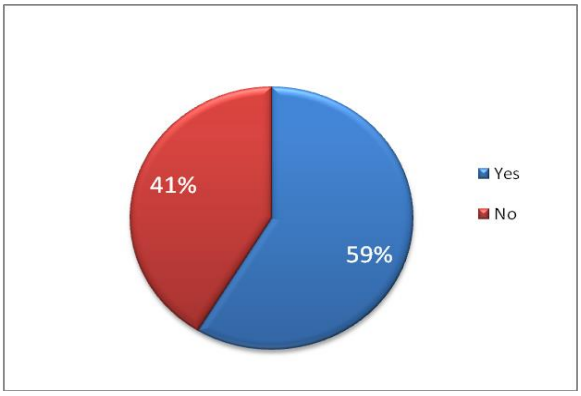

Figure 2: Contraceptive usage among the study population.

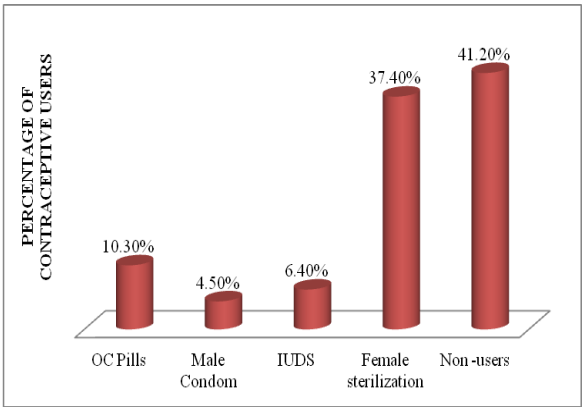

Figure 3: Distribution of contraceptive methods among the study population.

The next parameter, type of family, majority 85 (54.8%) belongs to nuclear family out of which 59 (69.4%) followed contraception and 70 (45.2%) belongs to joint family. The observed difference among the users and nonuser women according to their type of family was statistically significant ($p<0.01$). The next parameter was number of living children and contraceptive usage. In our study population, 81 (52.2%), out of which 33 (40.7%) women had 1 living children, and no children, followed contraception. 74 (47.8%) having more than 2 children, out of which 58 (78.4%) followed contraception. The observed difference among the users and non-user women according to the number of living children, was highly significant ($p<0.00001$). Here there is a significant association between education, socio-economic status, and number of living children, religion and type of family. There was no significant difference among the women users of contraception and nonusers according to their age, occupation. In this study, out of 64 (41%) those who are not using, the most common reason for not using contraceptives was the desire for more children (37.5%) followed by worry about the side effects (29.6%) and lack of knowledge (12.5%) and compulsion by family members and husband 7 (11%) (Table 4). In most of the cases (38.7%) husband involved in decision-making regarding contraceptive use in family while 54 (34.8%) husband and wife were involved in decision-making and 23 (14.8%) of cases mother-in-law took decision regarding contraceptive use (Table 4).

DISCUSSION

Knowledge

In present study 93.8% were aware of contraception with full knowledge on sterilization methods. In a study Sarella et al reported that (96.8%) were aware of contraception and with full knowledge of permanent contraception (both tubectomy and vasectomy).[4]

Source of information

In our study the source of information is mainly from health personnel (47%). In a study Koringa et al mentioned that, the source of information is from health worker i.e. (68.88%).[5] In a study Lavanya sarella et al[4] is social circle i.e. 67.7%. Velankar in their study stated that, among acceptors, the most common source of information were from the health personals.[6]

Contraceptive prevalence

58.70% of married women are using contraception, which is nearer to NFHS-4 i.e. 53.5% in which tubectomy is the commonest method which is about 63.73% among the contraceptive users, in a study done by Kawara et al reported that, prevalence of contraceptive use in married women of reproductive age group was found to be 58.57% which is almost similar to the present study.[7]

Tubectomy is the commonest method which is about 63.73% among the contraceptive users, followed by OC pills (17.5%), IUCD (10.9%), male condoms (7.6%) which is similar to the study done by Taklikar et al.[8] Among the different methods of contraception used, tubectomy was the most common method (75.9%) of contraception, followed by male condoms (11.15%), OC pills (9.4%), IUDs (1.43%), and vasectomy only among 0.35%.

Table 2: Social demographic profile of study population (n=155).

Socio-demographic variables	Frequency		Contraceptive usage				P value
Age group (years)	**N**	**%**	**Yes (N)**	**%**	**No (N)**	**%**	
15-25	79	51.0	42	53.2	37	46.8	>0.05 (=0.268)
26-35	52	33.5	32	61.5	20	38.5	
36-45	24	15.5	17	70.8	7	29.2	
Education							
Illiterate	48	31.0	27	56.3	21	43.7	<0.05 (=0.03)
Primary and middle school	50	32.2	23	46.0	27	54.0	
High school and intermediate	24	15.5	19	79.2	5	20.8	
Graduate and above	33	21.3	22	66.7	11	33.3	
Occupation							
House wife	73	47.0	41	56.2	32	43.8	>0.05 (=0.357)
Non-government employee	15	9.7	10	66.7	5	33.3	
Government employee	17	11.1	13	76.5	4	23.5	
Self-employee	28	18.0	16	57.2	12	42.8	
Labour	22	14.2	10	45.5	12	54.5	
Socio-economic status							
Upper class	31	20.0	24	77.5	7	22.5	<0.01 =0.003
Middle class	53	34.2	35	66.1	18	33.9	
Lower class	71	45.8	32	45.1	39	54.9	
No. of living children							
<2 children	81	52.2	33	40.7	48	59.3	<0.001 =0.00001
≥2 children	74	47.8	58	78.4	16	21.6	
Religion							
Hindus	130	83.8	82	63.1	48	36.9	=0.01
Muslims	18	11.6	5	27.8	13	72.2	
Christians	7	4.6	4	80.0	3	20.0	
Family type							
Joint family	70	45.2	32	45.7	38	54.3	<0.01 =0.002
Nuclear family	85	54.8	59	69.4	26	30.6	

Similar findings were seen in NFHS-4, In Telangana state, tubectomy (54%) was the most common method of contraception, followed by male condoms (0.5%), OC pills (0.5%), IUDs (0.3%). Tubectomy was the most common method of contraception as reported in a study conducted in slums of Maharashtra by kawara et al.[7] This reflects the prevailing gender bias in reproductive health participation by men.

Socio-demographic determinants

Age: use of contraceptive method is dependent on age. In the present study, contraceptive use was found to be maximum in the age group of 36-45 years (70.8%). and minimum (53.2%) use was seen in 15-25 years which is similar to study done by Borker et al, that about 85.71% (18 out of 21) of women of ≥30 years of age group using contraceptive compared to 30.16% (57 out of 189) of women of <30 years age group.[9]

Religion: in the present study non users are more in Muslims 72.2%, than that of Hindus (36.9%) which is similar to Hasen et al, i.e. Hindu couple, 48.3% were never users while among Muslim 73.1% were never users. Similar finding was seen in Pal et al that more Muslim respondents 58.1% were never users as compared to Hindu respondents (55.9%).[10,11] In a study done by koringa et al[5] religion was also found to have a significant association with the utilization of family planning methods (p<0.001), that is, more Hindu women when compared with Muslim women used family planning methods

Education: contraceptive use rate was 56.3% among women who were illiterate, while it was 79.2% among those who were educated up to high, similarly study conducted by Sawasa et al reported that, contraceptive use rate was 49.02% among women who were illiterate, while it was 54.72% among those who were educated up to high school and 51.1% among those educated up to middle school.[12] This difference was not significant. And also study done by Hasen et al shows that females educated up to intermediate and graduation showed 28 (90.3%) whereas illiterate female had 30 (38.4%) of contraceptive use.[10]

Table 3: Reasons for not using among the study population (n=64).

Reasons for not using	N	%
Fear of side effects	19	29.6
Family and husband compulsion	7	11.0
Lack of knowledge	8	12.5
Wants children	24	37.5
Religious reasons	6	9.4

Occupation: in the present study most of them are house wives 77 (49.6%) of which 53% use the contraceptive method and majority 76.4% of the Government employed women uses contraceptive method, this difference is not significant. Similarly study by Taklikar et al out of majority of the employed women 76.1% using the contraception.[8]

Table 4: Decision maker for usage of family planning methods among the study group.

Decision maker	N	%
Husband	60	38.7
Wife	18	11.7
Both	54	34.8
Mother-in-law	23	14.8
Total	155	100

Socio-economic status: in the present study the upper class about 77.5% are using the contraception than that of lower class which is 45.1. Similarly in a study by Borkar et al reported that about 69.3% are using contraceptives those who are above poverty line and also study by Kerketta et al most of the users are high class.[9,13]

Type of family: in the present study most of the nuclear families 69.4% uses contraception than that of joint family 45.7, which is statistically significant. Similarly, Sawasa et al contraceptive use was found to be higher among females in nuclear family 102 (56.35%) and 85 (50.29%) in study subjects with joint family in our study also Gupta et al reported that 70% of the acceptors of contraceptives were held from nuclear family as compared to 62% from joint family.[8,14] This difference in user rate was statistically significant with the type of family.

Number of living children: in present study women having ≥2 children use contraceptive methods about 78.4% and shows significant association which is similar to the study conducted by Lakshmi et al women had 2 living children, of which 246 (78.6%) followed contraception.[15] Also in a study Sawasa et al reported that that usage of family planning was higher in those having 2 or more children.[12]

Reasons for not using: in a study by Taklikar et al the most common reason for not using contraception was the desire for more children (32.78%), followed by lack of knowledge (26.23%), unwilling (23.77%), recently married, pregnancy, and lactation.[8]

CONCLUSION

The prevalence of contraceptive usage in our study was found to be 58.7% which is almost similar to national prevalence (57.2%) in urban area (NFHS-4) In present study 41.2% women use no contraceptives which clearly indicate that awareness about contraceptives is not sufficient for its actual use in this community and extended efforts will be needed. Use of tubal ligation was found maximum, followed by OCP and IUCD. Contraceptive use was found to be significantly associated with, religion, family type, education, socio-economic status, and number of living children of women.

Recommendations

An educative intervention strategy is to be designed to overcome the barriers from 'husband and in –laws. One to one interaction is needed to be promoted between field health personnel and target couple, to overcome the barrier of misconceptions of fear of side-effects of practicing contraceptive methods.

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Ethical approval: The study was approved by the Institutional Ethics Committee

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