



Original Research Article

## Exploring Family Planning the Perception among Women of Reproductive Age Group in a Slum of Kolkata

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### ABSTRACT

**Introduction:** The single most important problem that India is facing now is the uncontrolled growth of population. In spite of availability of a wide range of contraceptives, mass media campaigns and IEC programs for family planning, population control still remains a distant dream to achieve. The roots of the factors influencing family planning issues are entrenched in the socio-cultural milieu of Indian society.

**Objectives:** To determine the pattern of family planning practices and to find out its association with different socio-demographic characteristics if any. **Methodology:** A cross-sectional, community based study was conducted among 120 married women of 15-49 year age group in a slum of Kolkata. **Results:** Knowledge about different family planning methods was present among 115(95.8%) of women. The number of current users of family planning methods was 88(73.3%). Among those who were currently using contraceptive methods 76(86%) used modern methods, and 12(10%) used natural methods. Among the modern methods, permanent method i.e. female sterilization was adopted by 41(46.7%) of women followed by oral contraceptive pills 16(18.1%), condoms 13(14.7%) and IUDs 6 (6.8%). Current contraceptive use increased significantly with increase in the age of the mother [OR=0.37 (0.16-0.87)], number of living children [OR=0.19(0.07-0.87)] and with per capita income [OR = 2.73 (1.01-7.31)] which remained significant even after adjustment with other covariates such as age of the women at marriage, education of the women, husband's occupation and education. **Conclusion:** Although knowledge about contraceptive methods seemed adequate, the perceptions and practice of contraception seemed to be dismally poor.

**Key words:** Contraception, Family planning, Knowledge

### INTRODUCTION

One of the major problems of the developing countries today is to confront the increasing growth of population which in fact is a serious threat for the global community. Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. [1] It is the most cost effective public health intervention for reducing maternal and child

mortality and for improving the health status of women and children in a country. Family planning should be made accessible to every woman and man who needs it so that they can exercise their reproductive health rights, according to which everyone should be able to freely and responsibly decide on the number of children they wish to have (children "By Choice, and not by Chance"). Family planning helps women and

couples limit their family size, and space the births too, according to their desire. Exposure of the woman to fewer pregnancies in her lifetime, family planning reduces her lifetime risk of illness and death associated with pregnancy and childbirth. Due to a reduction in unwanted and mistimed pregnancies, fewer women undergo abortions many of which are unsafe and pose a threat to the woman's life and health. Research also shows that pregnancies that are too early, too many and too closely spaced adversely affect the health of both the mother and the child. By helping women to reduce such "higher-risk pregnancies", family planning ensures a healthy mother and a healthy child.

The Indian population is continuing to grow and by 2045, India may overtake China as the world's most populous nation. The contraceptive acceptance rate according to NFHS 3(2005-06) is 56%.<sup>[2]</sup> In India, most adolescent sexual activity and fertility happens within the confines of marriage. According to DLHS-3 (2007-08), 42.9 per cent of the currently married women aged 20-24 years were married before the legal age of 18 years, and 5.6 per cent of all births are among girls in the age group of 15-19 years. In fact, 16 per cent of the girls aged 15-19 years of NFHS-3 (2005-06) had already given birth or were pregnant at the time of the survey. Young girls at this age are physically and psychologically immature and are unable to make an informed decision about when and how many children to have. In fact, their families and existing social norms pressurize them to bear children early after marriage quite ignoring the fact that often these adolescent girls want to delay their first and/or subsequent births. These young people often lack information on the family planning choices as well as where to seek them. Usually these needs are not recognised by the system. Thus the unmet need for contraception remains too high

being 13.2% for married women according to NFHS-3 (2005-06).

The current TFR of West Bengal is 2.0, though 3rd in India, is still lagging behind states like Kerala, AP, Tamilnadu and Gujarat.<sup>[3]</sup> Although TFR of Kolkata is 1.35, much below that of the state and national averages, differences are observed between slum population and the rest of the city.<sup>[2]</sup>

Presently, India has launched family planning programmatically as an integral component of the Reproductive Maternal Newborn and Child Health plus Adolescent Health (RMNCH+A), a strategy that was launched under the National Rural Health Mission (NRHM) in 2013. This strategy is based on International Conference on Population and Development principles, and follows the continuum of care approach across all life stages, from adolescence, through pregnancy and childbirth, and on to the infant and child. It details the interventions required at each stage to ensure optimal health (especially sexual and reproductive health) of the individual. Family planning, as an intervention, cuts across life stages for all men and women, starting from adolescence and covering the complete reproductive life span. Universal access to family planning by 2015 is one of the Millennium Development Goals (specifically MDG 5). India is a signatory to the Millennium Declaration.

It stands true that women are the most acceptable and vulnerable group of the community who shoulder the responsibility of the family, and henceforth family planning adoption practices. However, couples have a propensity to neglect contraception practice mainly due to their ignorance, lackadaisical attitude and their busy schedule resulting in unwanted, very close and too often pregnancies. With these facts in the back-drop, and to help the health workers at UHC Chetla, render proper

family planning services this study was undertaken among women in a slum under UHC Chetla to study methods and practices of family planning and determine association, if any, of current contraceptive users with their socio-demographic characteristics.

## MATERIALS AND METHODS

**Study design:** A descriptive epidemiological study using cross sectional survey design.

**Study period:** It was carried out from April 2013 to May 2013. **Study settings:** It was conducted in a slum under the service area of Urban Health Centre (UHC), Chetla, Kolkata, West Bengal under the purview of All India Institute of Hygiene and Public Health, Kolkata. The Institute Ethics Committee had approved the study protocol.

The study population comprised of married women of reproductive age (15-49 yrs) who were mainly slum dwellers. **Sampling design:** According to NFHS-III, 56 % of currently married women of 15-49 years use any family planning method in the country.

[5] Taking this prevalence, the estimated sample size (at 95% confidence level and 10% allowable error) was 99. Considering the subject of study, 10% extra was taken for non-response and the final sample size became 109. A total of 120 women were interviewed. The study population was then selected by simple random sampling from the updated list of currently married women of 15-49 years of the slum area. **Study tools and technique:** A predesigned semi-structured schedule was prepared adapted from Women's questionnaire of NFHS-3. The schedule was translated in Bengali (local language) and was translated in English and the latter was retranslated into Bengali. The final Bengali questionnaire was unambiguous, simple to understand, had semantic equivalence and conformed to the objectives of the study. A pilot study was conducted in a nearby slum outside the

service area on 30 women who were not included in the study population and the schedule was modified according to the feedback. Face and content validity was ensured by the experts of the Dept of PSM, AIIPH, Kolkata. After appropriate modification, a total of 120 currently married women of reproductive age group (15-49 years) were interviewed with this predesigned, pretested, semi-structured schedule. It contained 2 parts as follows:

**1<sup>st</sup> Part:** The socio-demographic characteristics of the study population like age, religion, educational status, occupation of the respondent, parity, type of family, monthly family income, number of family members, age at marriage

**2<sup>nd</sup> Part:** Knowledge about family planning methods, past and current use of family planning methods and source of information.

Current users are women or couples who are using a contraceptive method at the time of the interview. Appropriate statistical analysis in the form of proportions and logistic regression was performed using SPSS version 20.

## RESULTS

Table 1: The mean age of the study population was  $27.8 \pm 6.2$  years. The mean age of marriage was  $17.8 \pm 3.2$  years. 67.5% of the respondents were married at or before 18 years and 44.7% had their first pregnancy at or before achieving 19 years of age. 36 (30%) were aged between 20-24 years while 3 (2.5%) were above 40 years. Majority 78 (65%) belonged to the general caste. 40 (33.3%) of the study population were educated till class IV, 7(5.8%) were nulliparous, while 46 (38.3%) had two children.

Table 2: The number of ever-users, never-users and current-users of family planning methods were 104 (86.7%), 16 (13.3%) and 88 (73.3%), respectively and Couple Protection rate (CPR) was found to

be 63.3%. Among those who were currently using contraceptive methods; 76(86%) used modern methods, and 12(10%) used natural methods. Among the modern methods, permanent method ie female sterilization was adopted by 41(46.5%) of women followed by oral contraceptive pills 16(18.1%), and condoms 13 (14.7%). Among those who were using modern methods i.e. OCP and condoms, 43.8% procured them from the health centre and 56.2% from medicine shops. Correct knowledge about different family planning methods was present among 115(95.8%) women and the main source of knowledge was from family and friends, accounting for 93.3% and 94.2% respectively. 89% of the

population were aware of the different places of obtaining FP services and 100% of the population knew about Govt. hospitals and UHC/CHC as the place for obtaining FP services. Only 14% knew about the Health workers as providers of FP services. 76.1% of the women who were educated upto class VIII were current users of the FP methods. The current users were motivated for contraceptive use by the doctors (7.2%), health workers (14.5%), relatives (24.6%) and self (53.6%). Commonest reason given by the non-users (n=16, 13%) for non-use was fear of side-effects (n=8, 6.7%). Other reasons were no faith (n=13, 10.8%), and husband's disapproval (n=9, 7.5%).

**Table-1: Socio-demographic characteristics of the study population ( n=120)**

CHARACTERISTICS	No (%)	Cummulative Frequency (%)
<b>1. AGE</b>		
15-19	7(5.8)	5.8
<b>20-24</b>	<b>36 (30)</b>	<b>35.8</b>
25-29	32 (26.7)	62.5
30-34	21 (17.5)	80
35-39	21 (17.5)	97.5
40-44	3 (2.5)	100
<b>2. RELIGION</b>		
Hindu	99 (82.5)	82.5
Muslim	21 (17.5)	100
<b>3. CASTE</b>		
General	78 (65)	65
S.C.	26 (21.7)	86.7
S.T.	—	—
OBC	16 (13.3)	100
<b>4. PARITY</b>		
0	7 (5.8)	5.8
<b>1</b>	<b>49 (40.8)</b>	<b>46.7</b>
2	46 (38.3)	85
3	18 (15)	100
<b>5. OCCUPATION (RESPONDENT)</b>		
Housewife	107 (89.2)	89.2
Others(Maid servant,Tailor,Aya)	13 (10.8)	100
<b>6. OCCUPATION (HUSBAND)</b>		
Unskilled labour	39 (32.5)	32.5
Semi skilledlabour	4 (3.3)	35.8
<b>Skilled</b>	<b>41 (34.2)</b>	<b>70</b>
Professional	1 (0.8)	70.8
Others(Peon,Salesman,Shopkeeper,Tailor,Pandit)	35 (29.2)	100
<b>7. Education Respondent</b>		
Illiterate	24 (20)	20
Primary (Upto Class IV)	40 (33.3)	53.3
Middle (Upto Class VIII)	28 (23.3)	76.6
<b>Secondary</b>	<b>20 (16.7)</b>	<b>93.3</b>
Higher Secondary	3 (2.5)	95.8
Graduate	5 (4.2)	100
<b>8. Education Of Husband Respondent</b>		
Illiterate	22 (18.3)	18.3
Primary (Upto Class IV)	30 (25)	43.3
Middle (Upto Class VIII)	31 (25.8)	69.1
<b>Secondary</b>	<b>26 (21.7)</b>	<b>90.8</b>
Higher Secondary	5 (4.2)	95
Graduate	6 (5)	100
<b>9. PCI in Rs. ( Modified Prasad Scale)</b>		
Upper High(4300 & above)	1 (0.8)	0.8
High( 2150-4299)	11 (9.2)	10
Upper Middle(1290-2149)	45 (37.5)	47.5
<b>Lower Middle(645-1289)</b>	<b>58 (48.3)</b>	<b>95.8</b>
Poor(<645)	5 (4.2)	100

Table : 2 Distribution of study population(Current users) according to the various methods of Contraceptives used (n = 88).

Methods used	Number	Percentage
Female Sterilisation	41	46.7
Male Sterilisation	0	0
OCP	16	18.1
IUD/Loop	6	6.8
Condom	13	14.7
Traditional methods	12	13.6

Table 3: In the present study an attempt has been made to find out the association between the current contraceptive use and associated risk factors by univariate logistic regression analysis followed by multivariate logistic regression

Table:3 Univariate and multivariate regression analysis of “current users” of Family Planning methods with socio-demographic variables (N=120)

Socio-demographic profile	Current Users (n=88)	OR (95% CI)	AOR* (95% CI)
1. Age of respondent >25(n=66)	54 (81.8)	0.37 (0.16-0.87)	0.82 (0.30-0.94)
2. Parity >=2(n=64)	56 (87.5)	0.19 (0.07-0.47)	0.25 (0.13-0.70)
3. Age at marriage >18 (n=39)	26 (66.7)	1.63 (0.70-3.78)	1.42 (0.51-3.95)
4. Education of respondent >Cl.VIII(n=28)	18 (64.3)	1.76 (0.71-4.38)	1.27 (0.36-4.47)
5. Education of Husband >Cl.VIII(n=37)	26 (70.3)	1.24 (0.54-2.95)	1.51 (0.47-4.81)
6. Occupation of respondent Non-housewives (n=13)	12 (92.3)	0.20 (0.25-1.63)	0.24 (0.20-2.17)
7. PCI (in Rs.) >1000 (n=50)	36 (72.0)	2.73 (1.01-7.31)	2.64 (1.89-7.81)

\*Hosmer and Lemeshow test: Chi-square 3.69 Nagelkerke R square 0.23

Table : 4 Comparison between National studies with the present study.

ITEM	WEST BENGAL (NHFS III)	KOLKATA (NHFS III)	PRESENT STUDY
<b>FAMILY PLANNING PRACTICES (Currently married women aged 15-49)</b>			
Any method	71.2	77	73.3
Female Sterilisation	32.2	24.6	46.5
Male Sterilisation	0.7	0.2	0
IUCD	0.6	1.4	6.8
OCP	11.7	9.2	18.1
Condom	4.5	9.9	14.1
Traditional Method	21.3	31.6	13.6
<b>KNOWLEDGE OF FAMILY PLANNING</b>			
At least one method	99	99	95.8
Female Sterilisation	98	98	82.5
Male Sterilisation	89	84	10.8
IUCD	71	73	76.7
OCP	80	93	80
Condom	71	79	90.8

## DISCUSSION

Current users of contraception in the present study was found to be 73.3% which

analysis. It was observed in univariate analysis that with an increase in age of the mother [OR=0.37 (0.16-0.87)], number of living children[OR=0.19(0.07-0.87)] and higher socio-economic class [ OR= 2.73 (1.01-7.31)] the chance of using the contraceptives increased which remained significant even after adjustment with other covariates, but no such association was cited with other variables like education of the women, husband’s occupation and education.

was higher than the rate found in rural area of Dehradun District (Kansal et al., 2005) [4] and a study in rural Bengal (S.Bishoi et al).



[5] Bhasin et al [6] in their study showed that 75% of the subjects were users of any contraceptive method, the finding being slightly above the present study. In the present study 14.7% of the women stated that their husbands were currently using condoms for family planning and 18.1% of the women were using pills. It also showed that 46.7% of the women were sterilized and 6.8% were using IUD. All these findings were almost similar to those shown by Bhasin et al. [6] A study on awareness and practice of family Planning methods in women attending Gynae OPD at Nepal Medical College Teaching Hospital [7] showed that most of the respondents 93.0% were aware of at least one of family planning methods out of ten methods, but only 65.0% had ever used. But in the present study, 115 (95.3%) of respondents were aware of at least one method and 88(73.3%) currently used. Thus we see that even though the study settings were dissimilar the findings were more or less same. A study done at a slum of Lucknow city [8] revealed about 53.40 % adopted I.U.C.D, 38.83% O.C pills and only 7.77% of their partners used condoms. In the present study 6.8% adopted IUCD, 18.8% OCP and 14.1% of their partners used condom among the “current users”

According to NFHS-3, the proportion of current use of all methods of contraceptives was 53% knowledge of pill, IUD and condom was present in 87%, 74% and 76%, respectively; whereas in this study the values for the same were 80%, 76.7%, 90.8% respectively. The proportion of current users of any method in the present study was 73.3%; and that of any modern method was 86% which is far ahead of the national average (Table:4). In a study conducted in a rural community of Maharashtra, [9] 48.63% of the married women were acceptors of contraception and 19.27% used IUD. These observations are

different from the present study, which could be attributed to difference in the study setting and because the women in present study avoided any intervention method of contraception as they had a fear of the side effects.

In depth analysis revealed that the acceptance of contraception increased significantly with increase in age of the women, number of living children and in the higher socio-economic class. Positive influence of education on contraceptive acceptance found in this study was in consistence with a study conducted by Girdhar et al [10] in Ludhiana and in a study conducted in rural West Bengal. [11] Increase in number of living children, increase in age of women, and higher socio-economic class increased acceptance rate in the latter study too. [11] Religion and type of family were also significantly associated with the contraceptive acceptance among eligible couples [11] which was not so in the present study.

## CONCLUSION

In spite of door to door visits by field level health personnel the contraception acceptance rate is far from satisfactory in this slum. Among contraceptive choices, vasectomy was most neglected but it should be promoted as a safe permanent sterilization method. Role of mass media like television is to be intensified in spreading awareness especially among the lower socio-economic strata. At the same time, interpersonal and group approach should be emphasized for intensive promotion and acceptance of family planning. As the influence of mothers-in-law and husbands are significant in family planning issues, they should be the special target groups for counseling as envisaged in RCH-II. Barriers to contraceptive use in our country are related to pregnancy desire, male child syndrome, awareness, education

and availability. Therefore a necessity has emerged to improve the female autonomy through increasing women's education. Short and long term interventions should be initiated by the policy makers to address these issues. However, as the study period was short, no follow up could be done. More studies of longitudinal design are required for in depth review of the issue.

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