

Original Research Article

## Knowledge and Practice of Family Planning Among Married Women of Reproductive Age Group in Urban Slums of Amritsar City

Sharma Nidhi<sup>1</sup>, Deepti Shyam Sunder<sup>2</sup>, Lal Mohan<sup>3</sup>, Kaur Jasleen<sup>4</sup>

<sup>1</sup>Postgraduate Student, <sup>2</sup>Associate Professor, <sup>3</sup>Associate Professor, <sup>4</sup>Assistant Professor, Department of Community Medicine, Government Medical College, Amritsar, India

Corresponding Author: Sharma Nidhi

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### ABSTRACT

**Background:** Population explosion has been India's major problem since independence. It is a major obstacle to the overall progress of the nation. Adoption of family planning methods is one of the best solutions to tackle this problem. The roots of the factors influencing family planning issues are entrenched in the socio-cultural milieu of Indian society.

**Objectives:** To determine knowledge and practice of contraception, to find out association between contraceptive practices and different socio-demographic variables and to elicit factors behind lack of contraception.

**Methodology:** A cross-sectional study was conducted in 1600 houses selected randomly in four slum areas of Amritsar city in which 1641 married women were found in the reproductive age group (15-49 years). Total 1641 women were interviewed using a pre-designed and pre-tested proforma.

**Results:** Knowledge about different contraceptive methods was present among majority (96.2%) of respondents. Only 48.2% respondents were using contraceptive method at the time of study. 31.4% had adopted tubectomy as permanent sterilization method followed by oral contraceptives (26.1%), condom (21.4%), intra-uterine device (13.7%), traditional methods (4.3%), injectables (2.1%), emergency contraception (0.7%) and vasectomy (0.3%) respectively. The reason given by most of the respondents (25.3%) for not using any contraceptive method was the desire for a male child. The use of contraceptive methods increased with increasing age, number of living children and level of literacy.

**Conclusion:** The substantial gap between knowledge and adoption in contraceptive methods was found in the study population. This shows the need for more intense awareness campaigns for promoting contraceptive usage.

**Key words:** Family planning, Contraception, Married women, Reproductive age group, Slum areas

### INTRODUCTION

India launched the National Family Welfare Programme in 1952 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]

Five states of Bihar, Uttar Pradesh, Madhya Pradesh, Rajasthan and Orissa,

which constituted 44% of the total population of India in 1996, will constitute 48% of the total in 2016, according to projections. These states will contribute 55% of the total increase in population of the country during the period 1996–2016. [2]

Family planning can reduce maternal mortality by reducing the number of pregnancies, the number of abortions, and the proportion of births at high risk. [3,4] It has been estimated that meeting women's need for modern contraceptives would prevent about one quarter to one-third of all maternal deaths, saving 140,000 to 150,000 lives a year. [5,6] As per the projections by UN, India will become the most populous country by year 2045. [7]

Assessing the potential demand for contraceptive services is an important component of family planning programme management. The need to control increasing population so as to mitigate the adverse impact of population growth on the economic development was recognised by the planners since the very beginning of planning in the country. [7]

The extent of acceptance of contraceptive methods still varies within societies. The factors responsible for such varied picture operate at the individual, family and community level with their roots in the socio-economic and cultural milieu of Indian society. Hence, the present study was conducted among the urban slum communities in Amritsar city to assess the knowledge and current practices of family planning, to find out association, if any, between their family planning practices and different socio-demographic variables and to elicit reasons for couples using no family planning method.

## **MATERIALS AND METHODS**

It was a cross-sectional study conducted among married women of reproductive age group (15-49 years) in

urban slums of Amritsar city from 1<sup>st</sup> January 2013 to 31<sup>st</sup> December 2013. Amritsar city has recognized 64 slum areas according to Draft Master Plan 2010-2031 by PUDA Mohali. [8] These 64 areas were divided into 4 sectors depending upon their location and then from each sector one area was selected randomly by lottery method. The four areas selected by random method were Verka (Majitha Bypass), Mohkumpura, Bangla Basti and Ekta Nagar. The houses present in these areas were enlisted and from each area 400 houses were surveyed by investigators by systematic random method. All the married women in each house belonging to the age group of 15-49 years were interviewed. If no married woman in the age group of 15-49 years was found in the selected house, then the next house was considered. So in total, 1600 houses were surveyed in this study in which 1641 married women were found in the reproductive age group (15-49 years). Total 1641 married women were interviewed using a pre-designed and pre-tested proforma.

The purpose of study was explained and written consent was taken from the respondents. The questionnaire elicited information regarding their age, nativity, religion, caste, socio-economic status, educational status, husband's educational status, number of living children, knowledge and practice of contraceptive methods, and reasons for not using any contraceptive method.

Statistical analysis: The data collected was analysed using Epi Info software version 3.5.4. Descriptive statistics were presented in frequency and percentage. The chi-square test was used to establish hypothesis.

## **RESULTS**

Table 1 shows that out of total 1641 respondents, majority i.e. 831 (50.5%)

belonged to the younger reproductive age group of 15-29 years, majority i.e. 1507 (91.8%) were migrants from the states of Bihar, Uttar Pradesh, Rajasthan and West Bengal, majority i.e. 1462 (89.1%) were Hindus, majority i.e. 1566 (95.4%) belonged to scheduled caste, majority i.e. 1529 (93.2%) belonged to upper lower class according to modified Kuppaswamy scale of socio-economic status, majority i.e. 1218 (74.2%) were illiterate, husbands of majority of the respondents i.e. 1061 (64.7%) were illiterate and majority i.e. 817 (49.8%) were having  $\geq 4$  living children.

Table 2 shows that out of total 1641 respondents, majority i.e. 1578 (96.2%) had knowledge about one or more contraceptive methods and only 63 (3.8%) had no knowledge about any contraceptive method. Out of 1578 respondents having knowledge about one or more contraceptive methods, majority (92.3%) knew about oral contraceptives followed by condom (89.7%), tubectomy (88.6%), vasectomy (71.9%), intra-uterine device (62.8%), traditional methods like abstinence, coitus interruptus, safe period and lactational amenorrhoea (18.2%), emergency contraception (12.4%) and injectables (6.6%) respectively.

Table 3 shows that out of 1578 respondents who had knowledge about one or more contraceptive methods, only 760 (48.2%) were currently using any contraceptive method and majority i.e. 818 (51.8%) were not using any contraceptive method. 239 (31.4%) respondents had adopted tubectomy as permanent sterilization method, 198 (26.1%) were using oral contraceptives, 163 (21.4%) were using condom, 104 (13.7%) were using intra-uterine device, 33 (4.3%) were using traditional methods, 16 (2.1%) were using injectables, 5 (0.7%) were using emergency contraception and vasectomy was adopted in case of only 2 (0.3%) respondents.

**Table-1: Socio-demographic characteristics of the respondents (n=1641)**

Socio-demographic characteristics	Number	Percentage
<b>Age (in years)</b>		
<20	57	3.5
20-24	345	21.0
25-29	429	26.1
>30	810	49.4
<b>Nativity</b>		
Native	134	8.2
Migrant	1507	91.8
<b>Religion</b>		
Hindu	1462	89.1
Sikh	138	8.4
Muslim	27	1.6
Christian	14	0.9
<b>Caste</b>		
Scheduled caste	1566	95.4
Scheduled tribe	38	2.3
Backward class	14	0.9
General	23	1.4
<b>Socio-economic status</b>		
Lower	44	2.7
Upper lower	1529	93.2
Lower middle	68	4.1
<b>Education</b>		
Illiterate	1218	74.2
Primary	255	15.5
Middle	126	7.7
High	42	2.6
<b>Husband's education</b>		
Illiterate	1061	64.7
Primary	390	23.8
Middle	115	7.0
High	71	4.3
Diploma	4	0.2
<b>No. of living children</b>		
0	31	1.9
1	76	4.6
2	175	10.7
3	542	33.0
$\geq 4$	817	49.8

**Table-2: Distribution of respondents according to knowledge about contraceptive methods**

Knowledge	Number	Percentage
<b>Knowledge about any contraceptive method (n=1641)</b>		
Yes	1578	96.2
No	63	3.8
<b>Knowledge about type of contraceptive method (n=1578)</b>		
Oral contraceptives	1456	92.3
Condom	1415	89.7
Tubectomy (Female sterilization)	1398	88.6
Vasectomy (Male sterilization)	1134	71.9
Intra-uterine device	991	62.8
Traditional methods	287	18.2
Emergency contraception	196	12.4
Injectables	104	6.6

\* Multiple choices

Table 4 shows that out of total 818 current non-users of any contraceptive method, the reason given by 207 (25.3%)

respondents for not using any method was the desire for a male child, 173 (21.2%) said that husband doesn't allow, 121 (14.8%) expressed the desire for more children, 100 (12.2%) had fear of side effects, 68 (8.3%) were pregnant, 55 (6.7%) said that mother-in-law doesn't allow, 36 (4.4%) didn't feel the necessity, 29 (3.6%) were breast feeding mothers, 18 (2.2%) said that their husband is away and 11 (1.3%) respondents were still nulliparous.

Table 5 shows that contraceptive users were more in the higher age group and among those having higher number of living children, which was statistically highly significant ( $p < 0.001$ ). Both respondent's education status and their husband's education status was found to be significantly associated with contraceptive usage ( $p < 0.001$ ) suggesting that literacy status can definitely have an impact on motivating a couple to adopt any contraceptive method for spacing.

**Table-3: Distribution of respondents according to current use of any contraceptive method**

Current use	Number	Percentage
<b>Currently using any contraceptive method (n=1578)</b>		
Yes	760	48.2
No	818	51.8
<b>Type of contraceptive method currently using (n=760)</b>		
Tubectomy (Female sterilization)	239	31.4
Oral contraceptives	198	26.1
Condom	163	21.4
Intra-uterine device	104	13.7
Traditional methods	33	4.3
Injectables	16	2.1
Emergency contraception	5	0.7
Vasectomy (Male sterilization)	2	0.3

**Table-4: Distribution of respondents according to reasons for not using any method of contraception (n=818)**

Reasons	Number	Percentage
Desire for a male child	207	25.3
Husband doesn't allow	173	21.2
Desire for more children	121	14.8
Fear of side effects	100	12.2
Pregnant	68	8.3
Mother-in-law doesn't allow	55	6.7
Lack of felt necessity	36	4.4
Breast feeding	29	3.6
Husband away	18	2.2
Still nulliparous	11	1.3
Total	818	100.0

**Table-5: Socio-demographic correlates of use of family planning methods (n=1578)**

Socio-demographic characteristics	Users (n=760)	Non-users (n=818)	Chi-square value, df, p value
<b>Age group (in years)</b>			
<20 (n=41)	6 (14.6%)	35 (85.4%)	89.58, df:3, p<0.001
20-24 (n=310)	98 (31.6%)	212 (68.4%)	
25-29 (n=423)	186 (44.0%)	237 (56.0%)	
>30 (n=804)	470 (58.5%)	334 (41.5%)	
<b>Respondent's education</b>			
Illiterate (n=1175)	507 (43.1%)	668 (56.9%)	65.38, df:3, p<0.001
Primary (n=261)	143 (54.8%)	118 (45.2%)	
Middle (n=107)	82 (76.6%)	25 (23.4%)	
High (n=35)	28 (80.0%)	7 (20.0%)	
<b>Husband's education</b>			
Illiterate (n=1028)	381 (37.1%)	647 (62.9%)	154.27, df:4, p<0.001
Primary (n=377)	251 (66.6%)	126 (33.4%)	
Middle (n=105)	70 (66.7%)	35 (33.3%)	
High (n=64)	54 (84.4%)	10 (15.6%)	
Diploma (n=4)	4 (100.0%)	0 (0.0%)	
<b>No. of living children</b>			
0 (n=23)	0 (0.0%)	23 (100.0%)	108.64, df:4, p<0.001
1 (n=51)	6 (11.8%)	45 (88.2%)	
2 (n=159)	47 (29.6%)	112 (70.4%)	
3 (n=535)	234 (43.7%)	301 (56.3%)	
≥4 (n=810)	473 (58.4%)	337 (41.6%)	

## DISCUSSION

In the present study, majority (96.2%) of the respondents had knowledge about one

or more contraceptive methods and majority (92.3%) knew about oral contraceptives. Similar findings were reported by Rizvi A et al in their study in urban slums of Lucknow in which 99.2% women had knowledge about one or more contraceptive methods and maximum knowledge was seen for oral contraceptives (98.8%) followed by condom (97.0%) and female sterilization (95.0%).<sup>[9]</sup> According to a study of Kumar D et al in urban slum of Allahabad, 97% women had knowledge about contraceptives.<sup>[10]</sup>

Majority (51.8%) of the respondents was not currently using any contraceptive method and only 48.2% were currently using any contraceptive method. Hazarika I in his study on women's reproductive health in slum populations in India reported that only 49.87% women were currently using any contraceptive method.<sup>[11]</sup> A study done by Pal A et al in Lucknow slums showed that only 30.4% women were current users of any contraceptive method.<sup>[12]</sup> Maximum respondents (31.4%) had adopted tubectomy as permanent sterilization method. According to a study conducted by Das NP and Shah U in urban slums of Baroda, maximum (48.8%) of the respondents adopted female sterilization.<sup>[13]</sup> Rizvi A et al in their study in urban slums of Lucknow reported that female sterilization (permanent method) was the most common method (16.7%) used by the respondents.<sup>[9]</sup> Sharath BN in his study in urban slums of Belgaum reported that majority (58.89%) of the respondents had preferred tubectomy as permanent sterilization method followed by oral contraceptives preferred by 15.34%, condoms by 13.58% and intra-uterine devices by 12.19% respondents.<sup>[14]</sup>

The reason given by maximum (25.3%) of the respondents for not using any contraceptive method was the desire for a male child. Similarly, Bhattacharjya H and Reang T in their study in urban slum of Tripura reported that the commonest reason

for not practicing family planning was the desire for a son.<sup>[15]</sup>

The use of contraceptive methods was found to be increased with increasing age, number of living children and level of literacy of respondent and husbands. Mohanan P et al reported that the acceptors of contraception were more in the higher age group, and 70.7% of the women with 3 or more children were among the acceptors of permanent methods of contraception as against 29.3% with 1 or 2 living children.<sup>[16]</sup> A positive and significant association was reported between female literacy and contraceptive use in a study conducted by Sarmad R et al in urban slums of Jauharabad city of Pakistan.<sup>[17]</sup> According to a study of Aeri BT and Passi SJ in urban slum community of Delhi, the level of education of women was found to be influencing the contraceptive use significantly ( $p < 0.01$ ).<sup>[18]</sup> Saini NK et al in their study in urban slums of Rohtak found that the number of contraceptive users were significantly more among literates as compared to illiterates both in husband and wife.<sup>[19]</sup>

## CONCLUSION

A wide gap between the knowledge and the practice of contraception was found among the women respondents. Desire for male babies was the most common reason found for not using any contraceptive method. Hence behaviour change communication for eliminating preference for male babies and measures favouring girl children may promote couple protection in this community. Use of contraception was found to be increased with increase in age, literacy and number of living children. This shows that intensive efforts are needed to popularize spacing methods among younger couples, as this is a more fertile group and also efforts should be made to educate the slums dwellers, particularly the women.

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