

Original article

An experience of contraceptive practices among currently married females in an urban slum of Nagpur

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Abstract:

Introduction: 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, the population control remains a distant dream to achieve.

Objectives: 1) To study the contraceptive practices among females in the reproductive age group i.e. 15-49 in an area of urban health training centre. 2) To find out the factors associated with the non-usage of contraception.

Methods: The study was conducted in urban slum areas of UHTC, covering a population of 20,342. Study area was divided into five slum areas, out of which 1 area was selected by simple random sampling. All the currently married females of reproductive age of that selected area were included in study.

Results: Prevalence of contraceptive use among females was 69.3%. Most common method of contraception in the study was Tubectomy. Out of the total 475 females, 39.4% had accepted female sterilization. Majority of the females got information on contraception from doctors and other health care providers (50.8%). There was significant association between non acceptance of contraception and age, type of family, occupation, religion, literacy of both husband and wife and no. of male children of females. Most common reason behind not using contraceptives was fear from side effects (34.9%)

Conclusions: Various socio-demographic and reproductive variables had impact on contraceptive practices. Majority of females were not using contraceptive as they had fear from side effects.

Key words: Contraceptive practice, currently married.

Introduction:

India is home for three in-famous problems and those pre-fix with letter "P". They are population explosion, poverty, and pollution. Population explosion is directly perpetuating the other two problems. India adds about 10 lakh persons to its population every fortnight and adds about one Australia every eight month.¹ By 2045 or earlier, India would overtake China as the world's most populous Nation.^{1, 2} According to census 2011, Indian population stood at 1,21,01,93,422. The last decade has seen India's population growth by 17.64%.³ Single greatest threat to India's health,

political, economic, and social development is uncontrolled population growth.²

India is among the few countries in the world to accept family planning as a national programme. India is the first country to implement national family planning programme in 1952. Since then many approaches and strategies to improve the programme and to increase the prevalence of contraceptive rate had been adopted by the country.

⁴ Fertility pattern influences the demographic profile and development status of the community. Contraceptive practices depend more on socio-economic and demographic profile of women in reproductive age group. Fertility in India has

declined to 2.7 children mainly due to increased use of contraception in women. In spite of this, India is yet above the replacement level with contraceptive prevalence rate of married women having only 56 %.⁵

To achieve the Net reproduction rate (NRR) of unity which is the country's long term goal for by 2010, greater efforts will be needed.⁶ Even today the acceptance of contraceptives and fertility pattern varies in the societies and the factors responsible for varied picture operate at individual, family and community level.

Some individuals are far more likely than others to suffer unwanted pregnancies and their consequences, which range from possible death and disability to the personal and financial burdens of raising more children than a family wants or can afford.⁷ The delivery of family planning is of the important strategies to reduce maternal mortality and morbidity worldwide. Contraceptive method mix usage differs from program to program and region to region based on availability of methods, affordability of the services and other barriers such as socio-cultural barriers.⁸

Contraceptive methods are by definition preventive methods to help women avoid pregnancies. They include all temporary and permanent measures to prevent pregnancy resulting from coitus. They are divided into spacing and terminal methods. Spacing methods include barrier, Intra-Uterine Devices, hormonal pills, miscellaneous like abstinence, coitus interruptus, safe period, breast feeding, etc. Terminal methods include male and female sterilization.⁹ The most popular contraception is sterilization which is adopted by 67% of the current contraceptive users. Among sterilizations, about 99% are on women with men contributing very little.¹⁰

In spite of availability of a wide range of contraceptives and mass media campaigns and IEC

programs, the population control remains a distant dream to achieve. It is pertinent to identify the factors responsible for poor acceptance of family planning program in different socio-cultural and socio-economic groups.¹⁰ Reasons for not using contraception are health concerns about contraceptive and its side effects, large family or male child preference, opposition from husbands/families, against religion, etc. Thus, the job of family planning remains unfinished.

Most women (61%) have recently seen or heard a family planning message in the media (radio, television, newspaper, magazine, wall painting, or hoarding). Younger women, urban women, women with more education, and women in the higher wealth quintiles are more likely to have been exposed to family planning messages in the media. Men are much more likely than women to have been exposed to family planning messages.¹¹

Keeping in view all the above factors, this study was carried out to know the contraceptive practices, factors responsible for non-acceptance for contraception among married females of reproductive age group in an urban slum as the access to health services and therefore the contraceptive practices are likely to be poor among these disadvantaged group.

Aims & Objectives:

1. To study the contraceptive practices among females in the reproductive age group i.e. 15-49 in an area of urban health training centre.
2. To find out the factors associated with the non-usage of contraception.

Material & Methods:

The study was conducted in urban slum areas of UHTC, covering a population of 20,342. The study area is divided into five slum areas, out of which 1 area was selected by simple random sampling. All the currently married females of reproductive age (15-49) of that selected area were included in the

study. Pregnant ,unmarried females, divorced females, widow, menopausal females, females who had undergone hysterectomy, females who refused to participate and females less than 15 years and more than 49 years were excluded from the study. The data was collected by face to face interview of the females by house to house visit with the help of pre-designed and pre-tested questionnaire. Required data was collected 3 days per week. The questionnaire was pre-tested by doing a pilot study in the field practice area of the department of Community Medicine. An informed consent was taken from the study participants after explaining them the objectives of the study and ensuring the confidentiality of the data. All the data was kept anonymous. Current use of different contraceptive methods was defined as use of any contraceptive method in the past 1 year preceding the study period. If more than 1 method was used, then the latest contraceptive method used was taken into account. ¹²The questionnaire was designed to capture age, religion, educational level of wife and husband, occupational status, type of family, number of male children, and their source of information regarding various contraceptive methods. Additionally questions also included to know the current contraceptive practices, to find the factors associated with non-acceptance of contraception .This interview took approximately 15-20 minutes per participant. If the house was locked 2 additional visits were made on separate

days. The house was labelled as “non-contactable” and excluded from the study. The data was analysed using Statistical software, Epi Info. Version 3.4.3. Chi-Square was used for comparison of categorical variables; value less than 0.05 was considered significant.

Observations & Results:

A community based cross sectional study was conducted in an urban slum area including 475 married females of reproductive age. A total of 329 females (69.3%) females had currently accepted contraception. 30.7% females had not accepted any contraceptive method currently. Acceptors (329) were divided into 2 types: 1) Accepting artificial methods 2) Accepting natural methods. Table 1 shows that out of the 329 acceptors, 293(89.1%) accepted artificial methods and 36(10.9%) accepted natural methods. Out of the 293 artificial acceptors, 65.5% had accepted permanent methods and 34.5% had accepted temporary method of contraception. Out of the 36 natural acceptors, majority i.e. 72.2% adopted exclusive breast feeding. Breast feeding was considered as a natural contraceptive if it was exclusive, for 6 Months Duration and female is currently having Amenorrhea. If all the 3 criteria were present, then she was considered as using breast feeding as a natural method of contraception. 13.9% adopted coitus interruptus, 11.1% adopted complete abstinence and 2.8% adopted ‘sex indulgence in safe period’ as methods of natural contraception.

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Table 1- Distribution of females according to type of contraceptive method used-(N=329)

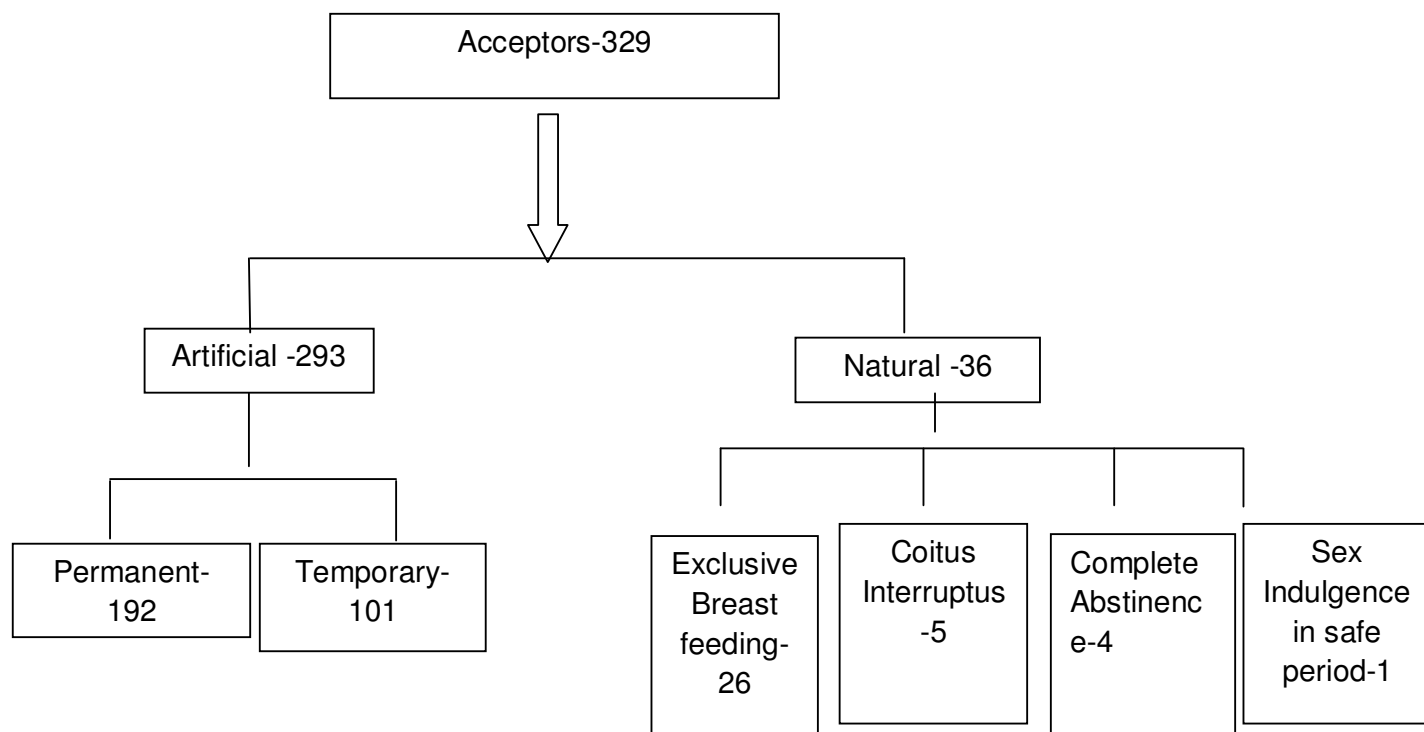


Table 2 shows that out of the total 475 females, 39.4% had accepted female sterilization, followed by 11.4% accepted condom. Only 1.1% had accepted male sterilization.

Table 2- Distribution of females according to type of contraceptive Practices (n=475)

Type of Contraceptive	Frequency	%
Condom	54	11.4
IUD	25	5.3
OCP	14	2.8
Injectable	8	1.7
Male sterilization	5	1.1
Female Sterilization	187	39.4
Natural Contraception	36	7.6
Non-Acceptors	146	30.7
Total	475	100

Table 3 showed that majority of the females got information on contraception from doctors and other health care providers(50.8%), followed by family members (29.5%).

Table 3-Distribution of females according to source of information

(n=329)

Source of Information	Frequency*	%
Doctors& Health care providers	167	50.8
Family Members	97	29.5
Others**	08	2.4%
Friends	18	5.5%
Radio/Television	55	16.7%

*Multiple Responses are allowed

** *Others –Included females who got information from newspapers, magazines, posters, etc.*

Table 4 shows the association of different biosocial factors with the non –usage of contraception. Most of the females (61.1%) who didn't accept any contraceptive method were <18 years.63.6% Muslim females didn't accept any contraceptive methods compared to females who belonged to other religions (Others include Hindus, Christians, Buddhists, and Sikhs). This difference was found to be statistically significant ($p<0.0001$). Non usage of contraceptive methods differed significantly ($p<0.0001$) with the difference of literacy status of the woman. Non usage of contraception was found higher among joint families than nuclear families

(48.7% vs.21.9%) and this difference was statistically significant ($p<0.001$).Non acceptance was more in females who had no male child (41.3%) compared to those females who had 1 or more than 1 male children (25.6%). This difference was statistically significant. 34.6% unemployed females (housewives) didn't accept any contraceptive method compared to 22.5% who were employed. This difference was statistically significant ($p=0.008$)

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Table 4: Association of Bio-Social factors with the use of contraceptive methods

Bio-Social Characteristics	Group	Contraceptive Use		Total	Chi-Square	Degree of Freedom	P-value
		Non-acceptors (%)	Acceptors (%)				
Age of Female(years)	<18	11(61.1)	07(38.9)	18	67.49	4	<0.0001
	18-23	53(51.5)	50(48.5)	103			
	24-29	46(42.2)	63(57.8)	109			
	30-35	18(21.2)	67(78.8)	85			
	≥36	18(11.3)	142(88.7)	160			
Religion	Muslims	35(63.6)	20(36.4)	55	31.62	1	<0.0001
	Others	111(26.4)	309(73.6)	420			
Literacy status of Husband	Illiterate	46(60.5)	30(39.5)	76	37.71	1	<0.0001
	Literate	146(36.6)	329(82.4)	399			
Literacy status of Female	Illiterate	41(51.2)	39(48.8)	80	19.01	1	<0.0001
	Literate	105(26.6)	290(73.4)	395			
Type of Family	Joint	76(48.7)	80(51.3)	156	35.28	1	<0.0001
	Nuclear	70(21.9)	249(78.1)	319			
No. of Male Children	None	64(41.3)	91(58.7)	155	12.04	1	0.0005
	≥1	82(25.6)	238(74.4)	320			
Occupation	Unemployed	112(34.6)	212(65.4)	324	7.026	1	0.008
	Employed	34(22.5)	117(77.5)	151			

Table 5 showed that Out of the total 146 non acceptors, 34.9% females mentioned fear from side effects as the main reason for non-accepting contraception. 29.5% females wanted child and so

were not accepting contraceptive practices.25.3% females had pressure from families and husband and so they didn't accept any contraceptive method.

Table 5-Distribution of females according to the reasons of non-Acceptance of contraception (N=146)

Reason	Frequency*	%
Side-Effect Fear	51	34.9
Want Child	43	29.5
Want Male Child	10	6.8
Family Planning against Religion	6	4.1

Pressure from Family/Husband	37	25.3
Not Aware	13	8.9
Lack of Sexual Satisfaction	8	5.5
Child is the Gift of God	4	2.7
Others**	36	24.7

**Others included- Cost, felt no Need for using any contraceptive method, etc

*Multiple responses are allowed

Discussion:

Only current users of contraception were included in the study. More than half (69.3%) females had accepted contraceptive methods. This figure was higher than NFHS-3(2005-2006)¹³ wherein the contraceptive prevalence rate was around 56%. Overall prevalence rate of contraception was 58.1% in a study conducted by S.M. Mostafa Kamal *et al*¹⁴. This finding is lower than the present study. It might be due to regional and cultural differences in the area wherein the study was carried out. Similar findings were found by B.K. Patro *et al*¹², Md. Mizanur Rahman *et al*¹⁵.

Out of the total 475 females, the rate of acceptance of natural methods is (7.6%), Tubectomy (39.4%), Condom (11.4%), Intra Uterine Devices (5.3%), Oral Contraceptive Pills (OCP) (2.8%), Injectable (1.7%), Vasectomy (1.1%). 30.7% did not accept any method of contraception. The most common method of contraception in the present study is Tubectomy followed by Condom.

In a study conducted by Sujata Murakar *et al*¹ contraceptive methods used were tubectomy(31.2%), Condom(5.3%), OCP(2.5%), IUD (9.3%), Vasectomy(0.2%).

This finding is more or less similar to the present finding.

In the present study, discussion with doctors and other health care providers (50.8%) contributed as the major source of information regarding various contraceptive methods. Study conducted by Senbeto E¹⁶ showed that 80.3% of health personnel contributed in providing information regarding

contraception. This finding is similar to the present finding.

The use of contraception in the present study was maximum (88.7%) in 30-35 years age group which is consistent with an earlier study conducted by Kansal A *et al*¹⁷ in Dehradun district (72.64%).

This study reveals that contraceptive non acceptance rate was higher among Muslims (63.6%) when compared to females of other (Hindu, Christian, Buddhist, Sikh) religions. (26.4%) This difference was found to be highly significant. A. Khokhar, N. Gulati¹⁸ & D.R. Gaur *et al*¹⁹ also mentioned that religion was highly associated with contraceptive practices in their study. Highly significant association was found between literacy status and non-acceptance of contraception.

In our study highly significant association was found between literacy status of female and non-acceptance of contraception. A. Kansal *et al* (2005)¹⁷, Sujata Murakar *et al* (2011)¹ also reported similar finding. The present study revealed an inverse relationship between literacy statuses of husband's education with non-acceptance. Shah *et al* (2006)²⁰, Sangeeta Girdhar *et al* (2010)²¹ mentioned that education status of husband and wife affected the choice of contraception.

Non-acceptance of contraception was significantly associated more with joint families(48.7%) as compared to nuclear families(21.9%) i.e. acceptance is more in nuclear families. But no such linear relationship was found between use of contraception and type of family in an earlier study

by Sharma et al.¹⁰ The low acceptance among joint family may be due to the fact that in a joint family couple is not bothered about the economic burden of supporting children because the head of the family is supposed to care for all his dependents and not just his own children. Secondly, the wife in a joint family obtains a higher position in her husband's family only after the birth of a child. So in a joint family the female feels encouraged to produce more children. Thirdly, some couples in joint family may not have power to take decision.

'Male child syndrome' is still a widely prevalent concept. In India, due to strong son preference, contraceptive practices depend not mainly on number of living children but more on number of sons. Influence of number of male children on contraceptive non-acceptance was also analysed. We found that females having no male child had more non-acceptances (41.3%) than females having 1 or more than 1 male child (25.6%). The difference between the two was found to be statistically significant. Nirmalya Manna *et al*²² also mentioned similar finding in their study.

Present study indicated that females who are unemployed i.e. housewives have more non-acceptance of contraception (34.6%) than females who were employed i.e. 22.5%. This might be indirectly related with literacy. Employed females are more exposed to outer world which broadens their thinking for accepting various contraceptive methods. Sujata Murakar *et al*¹ found similar finding in their results.

Conclusion & Recommendations:

Out of the total 475 females, 329(69.3%) had contraceptive acceptance and 146(30.7%) did not accept any contraceptive method. The rate of acceptance of natural methods was 7.6%,

tubectomy (39.4%), Condom (11.4%), Intra Uterine Devices (5.3%), Oral Contraceptive Pills (OCP) (2.8%), Injectable (1.7%), and Vasectomy (1.1%). Among the females who didn't accept any method of contraception, the most important reason cited by the females was fear of side effects (34.9%) followed by 29.5% females had desire of children. 6.8% wanted male child, 25.3% pressure from family/husband, 24.7% females had other reasons such as cost, no need or ignorance about use, etc. The factors associated with non-acceptance were literacy of the female, husband's literacy, religion, type of family, total number of male children and occupation. Health volunteers and workers under NRHM should be piloted in the urban slums to increase the utilization of family planning services. More intensive training of community health workers is essential to improve provider-client interaction. Also, family planning programmes should target illiterate women in order to inform them about birth control measures. Family planning should emphasize communication and good counselling to the women and explain all sorts of information about side effects and other misconceptions about the new contraceptives. 25.3% females had opposition from their husbands and other family members so focussing men and other members of the family is crucial to increase the acceptance of contraception as their contribution in the present study was just 1.1%. Men should also share the burden of family planning by accepting permanent method of contraception. The programme implemented should attempt to clarify religious misconceptions about family planning by seeking active collaboration and support of local health practitioners and NGOs.

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