



CONTRACEPTIVE BEHAVIOR OF WOMEN: A COMMUNITY BASED PERSPECTIVE

Pharmacology

Dr. Subodh Kanchi Associate Professor & Acting HOD, Department of Pharmacology, Vedantaa Institute of Medical Sciences, Dahanu.

Dr. Padmaja Kanchi* Associate Professor, Department of Community Medicine, Terna Medical College and TSSHRC, Nerul *Corresponding Author

ABSTRACT

Contraceptive practices, their knowledge and attitude among married women of reproductive age group of urban slum were studied. Objectives:- To Find the correlation between the selected demographic variables and the knowledge, attitude of married women regarding Contraceptive devices. Methodology:-The study is a Community based Cross Sectional Observational Study. Study was conducted among married Woman in Reproductive age group residing in urban slum. 108 married women were interviewed in local language using a questionnaire. Data was analyzed using descriptive, inferential statistics. Results:- 94.5% of woman were aware of at least one method of contraception. 92.4% of women were using a Contraceptive method at the time of study. 14% Woman were unaware of any health care facility providing contraceptive in the vicinity. Knowledge and practice of Emergency Contraceptive was low. Conclusion:-Although high level of awareness, Contraceptive use is low. Newer methods of motivating people to adopt and sustain family planning method should be considered.

KEYWORDS

community based, contraceptive methods, knowledge

INTRODUCTION

The population problem is a concern that has gained prominence in India because of its inter-relationship between health and economic development. Increasing population is creating a continuing gap between India's impressive profile of progress and its gains. To translate the gains of developmental work into improved quality of life, various population control measures are to be universalized¹.

India's population in 2019 is estimated at 1.37 billion based on the most recent UN data and is projected to reach 1.53 billion by 2050, making it the most populous country in the world.² Women of reproductive age group (15-45 years) make up 46%.³ The Reproductive and Child Health (RCH) Program in India promotes responsible and planned parenthood through the Government's Family Welfare Program with voluntary adoption and free choice of contraceptive methods. The current approach in Family Planning emphasizes on offering high quality contraceptive services among eligible clients on a voluntary basis.⁴ An important component of the program is promoting adequate spacing of births. The National Population Policy 2000 has recognized as its immediate objective the task of addressing the unmet need for contraception to achieve the medium term objective of bringing the Total Fertility Rate (TFR) to replacement level of 2.1 by 2010 so as to achieve the long-term goal of population stabilization by 2045. Total fertility rate declined in India by 22.73% from 2.7 in 2005-06 (NFHS-3) to 2.2 in 2015-16. Current TFR is 2.2 according to NFHS-4 (National Family Health Survey-4 2015-16)⁵. The contraceptive prevalence rate in India is 53.5%, which varies widely among different states⁶. The unmet need for family planning is high at 13% (6% for spacing)⁷. Contraceptive prevalence rate (CPR) contributed by use of any Contraceptive Method (48.5%). Every woman and man has the right to decide the number, spacing and timing of their children, and the means through which they will achieve this desired family size.⁸

AIM:

To find out the knowledge, attitude and practice of contraception in married women residing in urban slum of Mumbai.

METHODOLOGY:

A cross sectional study was designed for the married women residing in urban slum area under the field practice area of Urban Health Centre. A semi-structured proforma was designed and got validated. Women of reproductive age group (between 18-45 years), who were able to communicate in Hindi or Marathi and who were willing to participate were selected for the study. Prior to the study, written permission was obtained from the concerned authority and consent was taken from the participants after explaining them the nature of the study. Accordingly 108 participants were selected and proforma was administered. Confidentiality and anonymity of the participants were maintained. Data analysis was done by descriptive and inferential statistics by

using excel worksheet and SPSS package version 20.

RESULTS AND DISCUSSION:-

Table 1:-Socio-Demographic variables of participants

Sr.no	Sociodemographic Variables	NO (n=108)	Percentage (%)
1.	Age Group(years)		
	18-24	18	16.67
	25-29	30	27.78
	30-34	23	21.30
	35-39	26	24.07
2.	Religion		
	Hindu	74	68.52
	Muslim	33	30.56
3.	Occupation		
	Home maker	94	87.04
	Working	14	12.96
4.	Education		
	Illiterate	35	32.41
	Primary	44	40.74
	Secondary	25	23.15
	Graduate	3	2.78
5.	Sex of Last Child		
	Boy	67	62.04
	Girl	41	37.96
6.	Gravida/Parity		
	One	24	22.22
	Two	36	33.33
	Three	36	33.33
	Four & above	12	11.11
7.	Type of Family		
	Nuclear	64	59.26
	Joint	42	38.89
	Broken	02	01.85

The socio demographic data shows that, 27.78% women were from 18-24 years of age group, 21.30% were from 30-34 years of age group and 24.07% were from 35-39 years of age. It shows that, 79 women were of 25 to 39 years of age. 68.52% (74) were Hindu and 30.56% (33) were Muslim. 87.85% (94) were home makers.

Out of 108 women, 79 were illiterate (n=35, 32.41%) and completed primary schooling (n=44, 40.74%). 62% (67) women had son as their last child, and 38% (41) had daughter as their last child. 72 women had

3 and \geq 4 children (n=36,33.33% each). 59.26%(64) women were residing in nuclear families and 38.89%(42) were residing in joint families.

Statistical Analysis of Sociodemographic variables of participants			
Sociodemographic Characteristics	Users	Non-Users	X ² Value, d.f: p Value
Age group			
<30 (n=48)	25	23	0.868, d.f:1, p=0.351
>30 (n=60)	35	25	
Religion			
Hindu (n=74)	50	24	2.094, d.f:1, p=0.148
Muslim (n=33)	16	17	
Type of Family			
Joint (n=64)	50	14	1.227, d.f:1, p=0.268
Nuclear (n=42)	19	23	
Per Capita Monthly Family Income (Rs/-)			
<1000 (n=30)	20	10	5.397, d.f:1,
>1000 (n=78)	50	28	
Occupation			
Housewife/Home maker (n=94)	63	31	1.013, d.f:1, p=0.314
Working (n=14)	7	7	
Sex Of last Child			
Boy (n=67)	37	30	6.522, d.f:1, p=0.011
Girl (n=41)	31	10	

Table 2:- Awareness about Different Contraception Methods

Method	No. of Female	Percentage of Female
OCP	99	92.5%
Condom	99	92.5%
Ligation	97	90.6%
IUCD	68	75.7%
Vasectomy	21	63.5%
Injectable	01	0.9%

Table 2 shows the respondent with knowledge of different contraceptive method, it indicates that knowledge of different contraceptive was present and all of the women were aware of at least one method. OCP was more popular method among the woman reported awareness of contraceptive method.

The different contraceptive methods used by the participants showed that, out of 108 women, 19.44(21) women underwent permanent sterilization at time of interview & 1.85%(02) women's husband had undergone vasectomy. 14.81% (16) women were using OC Pills. 23.15% (25) women were using condoms and 22.22% (24) women were using natural method of contraception. Kiran et al also had the similar findings.⁹

Table 3:-Reason For Not Using Any of Contraceptive Method

Reason	Number of Female	Percentage Of females
Desire to have male child	22	20.37
Amenorrhoea since last child birth	12	11.11
Lack of motivation	17	15.74
inconvenient	8	7.41
Lack of knowledge	4	3.70
Harmful to health	5	4.63
Husband away	2	1.85
Anti-Religion	10	9.26
Resistance from Spouse	2	1.85
Pregnant	1	0.93
Left to God's will	24	22.22
Cost too much	1	0.93

Table 3 shows most common reason for not using any contraceptive reason was 'left to God's will'(22.22%), following which other reason were desire to have male child(20.37%) and lack of motivation (15.74%). Kiran et al⁹, Adeniran et al¹⁰ also had similar findings

Decision makers in selecting the contraceptive methods were inquired. Majority of participants regarding contraceptive use was both husband

and wife (57.90% n=62) following which husband only (28%, n=30) were decision makers. 7.4% (n=08) each were wife only and -husband and mother in law combined- were decision makers.

Akine et al¹¹ also found that two third of the women made joint decision of contraception, in his comparative study in rural and urban areas.

The source of knowledge about contraception was inquired. And we found that, in 36.11% (n=39) cases, the knowledge was gained by doctor followed by health workers contributing 22.22%. Media contributed only 10.19% which needs urgent change in communicating methods under National Family Welfare Programme.

The most common cause for not using IUCD was fear of insertion of IUCD in spite of knowledge of IUCD and cheap availability, and reversible mode of contraception.

The reason 'For Not Using IUCD' in spite of knowledge shows that, 52.3% (n=56) women had fear of insertion, 21.4% (n=23) had pain, 14.9% (16) had increased menstrual bleeding amongst the few reasons. Although, most of the women had knowledge of IUCD, it is cheap, easily available and a reversible mode of contraception.

Reason for not using OC Pills was inquired to the participants. Fear of side effects was the most common reason (53.70% n=58) for not using OCP in spite of having adequate knowledge and free availability.

Conclusion: - Although there is high level of awareness, Contraceptive use is not very high. New methods of motivating people to adopt and sustain family planning method should be considered. Thus IEC activities need to be strengthened in educating the woman of reproductive age group regarding various contraceptive methods. Only 0.9% still have no awareness and practice of contraception. 53.2% woman are using contraceptive method on regular basis and 15.8% are using it irregular basis. The reason for not using contraception was inconvenience, lack of motivation, and religious beliefs.

Recommendation:

1. Capacity building of health care providers.
2. Counseling services to all clients in general, and young, unmarried and uneducated women in particular in order to improve their acceptance of contraceptives.

Acknowledgement: We acknowledge our interns Aditya, Vrushali, Poonam, Parth and Yogesh for their valuable contribution in data collection and documentation. We sincerely acknowledge Mr. Abhiram Behera, statistician for analysis of the study.

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