

A STUDY ON FAMILY PLANNING PRACTICES AND METHODS AMONG WOMEN OF URBAN SLUMS OF LUCKNOW CITY

Arjit Kumar¹, P Bhardwaj², JP Srivastava³, P Gupta⁴

Resident¹, Assistant Professor^{2,4}, Professor³, Department of Community Medicine, Era's Lucknow Medical College, Lucknow.

Abstract

Background: Utilization of family planning methods, their side effects and the factors influencing their uses. **Aims:** To study the family planning practices/methods among the married women of reproductive age (15- 45yrs). **Study Design:** Community-based study. **Study Subjects:** The Women of reproductive age groups (15-45yrs) adopting family planning methods & those residing in urban slums of, Lucknow. Sample size: 540, **Study Period :** July 2009 to July 2011. **Sampling Technique:** thirty cluster sampling. **Result:** The acceptance of family planning methods both temporary and permanent methods increased with level of literacy of women. About 53.40 % adopted I.U.C.D, 38.83% O.C pills & only 7.77% of their partners used condoms. 66.6% have undergone laparoscopic & 33.4% mini-lap sterilization. Vasectomy was not done for even a single partner. More number of illiterate and primary educated accepted permanent method after 3 or more children than higher educated who accepted it after 1 or 2 children. Among acceptors of permanent methods, total 70.27 % were experiencing side effects and among temporary method users, it accounted 23.30%. **Conclusions:** Acceptance in family planning is associated with increasing age, nuclear family & level of literacy. IUCD is the most accepted one among all the temporary methods. Vasectomy and newer contraceptives were not at all used.

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 is among the few countries in the world to accept family planning as a national programme. Operationally Family Planning practices are women-centered and based on two methods/practices, they are Permanent and Temporary.

In NRHM, the family planning programme is implemented on cafeteria approach and is client-centred, demand-driven and need-based.² The need-based or client-centred approach starts from the bottom and the need is calculated from the population in sub-centre by the health-workers. So this is other-wise called bottom-up approach. In this present study an attempt has been made to assess the magnitude and distribution of the family planning practices/ methods adopted or practiced

Materials & Methods

The Antenatal coverage amongst the recently delivered women was found to be 60%. Taking P as 60 as "Concurrent assessment of Health and Family Welfare Programmes and technical assistance to district of Uttar Pradesh"⁴ by the Department of Medical Health And Family Welfare, Uttar Pradesh reported the same prevalence³ and Q as 40 and absolute error (L) 6%, sample size was calculated using the formula. Since respondents are chosen by cluster sampling design effect due to complex sample design comes into picture. Taking into account design effect of 2, the sample size was 532 # 540. The maternal care and other components of the Reproductive and Child Health programme were assessed using 30 cluster sampling technique. Thus for the present study, Probability Proportionate to Size (PPS) method was adopted as the sampling strategy. The study period was from July 2009 to July 2011. The desired number of women to be interviewed in each cluster was 18. In each cluster the first house was chosen at random and from there on, the next nearest house was visited until the desired numbers of mothers were interviewed. If a household had more than one beneficiary, all were included in the survey. The basic questionnaire of "Concurrent assessment of Health and Family Welfare Programmes and technical assistance to district of Uttar Pradesh"⁴ by the Department of Medical Health And Family Welfare, Uttar Pradesh was adopted and reframed as per the requirement of the study.³

Results

Sociodemographic profile of the contraceptive users

More than half, 334 (61.9%) of the women were Hindu and 200(37%) were Muslims. Two third of the women, 367 (68%) belonged to SC/ST caste and one third of the women 122 (22.6%) belonged to OBC. A

small percentage i.e. only 51(9.4%) belonged to general caste. About one third, 202(37.4%) women belonged to age group 31-35 years and 158 (29.3%) belonged to age group 20-25 years. About 89 (16.5%) belonged to 26-30 years of age. About half, 282 (52.2%) were illiterate and 153 (28.3%) were educated up to primary level.

Knowledge about contraception

More than half (55.6%) of the women in the study were married before 18 years of age and 44.4% were married after 18 years of age. The distribution of the women according to knowledge of contraception is shown in table.

Table-1: Distribution of women according to Knowledge about contraceptive methods

Knowledge	No.	%
Knowledge about any contraceptive method (n=540)		
Yes	340	63.0
No	200	37.0
Knowledge about type of contraceptive method (n=340)		
Oral contraceptive Pills	331	95.7
Nirodh	116	34.1
Copper T	159	46.8
Male sterilization	182	53.5
Female sterilization	271	79.7
Injection	4	1.1

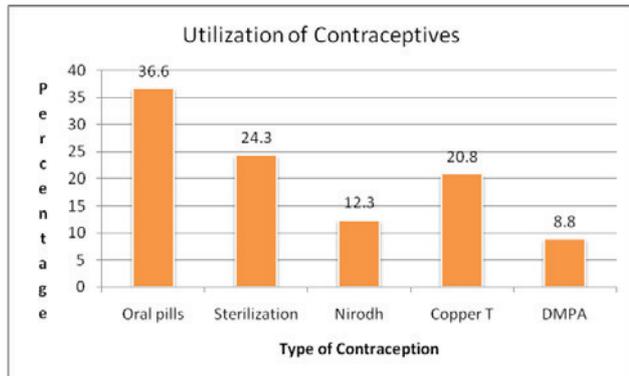
* Multiple choices

Address for Correspondence:

Dr. Arjit Kumar, Post Graduate Student, Department of Community Medicine, EEE-5, doctors residence, Sarfaraazganj, Hardoi road, Lucknow-226003, Phone 05222408123, Mobile 09794640650 Email ID: drarjitkumar@gmail.com. Received: 12/06/2011 Accepted: 07/12/2011
Indian Journal of Community Health, Vol. 23, No. 2, July 2011- Dec. 2011

Use of contraception method

Figure depicts the distribution of women according to the type of contraceptive method. More than half 226(66.5%) of the women were currently using contraception and 114(33.5%) were not using any contraceptive technique even after having knowledge about them. More than half 54% of the women told that their husband were currently using oral pills as a method of contraception 12.2% of the women husband were using Nirodh whereas 24.3 % of the women were sterilized and 20.8% were using copper -T. Very few 8.8% women were using other method of contraception i.e. (DMPA/injections).



Unmet need of contraception :

Table 4.5 depicts the distribution of unmet need of contraception of the women. More than one third 52 (45.6%) of the women were in unmet need of contraception. The unmet need was for pills as temporary method and rest of them were having the choice of other conventional contraceptives. Unmet need of family planning turns out to be 57%.

Table-2: Distribution of women according to their unmet need of contraception

Unmet need	No.	%
Need to use any contraceptive method in future (n=114)		
Yes	52	45.6
No	62	54.4
Preferred method of contraception (n=52)		
Temporary methods		
Oral Contraceptive Pill	18	34.6
Nirodh	8	15.4
Copper T	7	13.5
Injection	3	5.8
Permanent methods		
female sterilization	9	17.3
Male sterilization	1	9.1

Source of contraceptives :

The study shows the distribution of the source of availing contraceptives by the women. More than one third, 91(40.3%) availed contraceptives from private health facility while, 55(24.3%) availed it from government health facility and local shops. remaining 25(11.1%) were not having any knowledge regarding source of contraceptives.

Reasons for non use of contraceptives

Table 3 depicts the reasons for not using any contraceptive technique. About one third 35 (30.7%) opined that the use of contraception was against religion and 20(17.5%) did not have much knowledge about the safe use of contraceptives. Similar number gave the reason as reluctance of the husband, other reasons were financial constraints, wish to extend family, some of them have no need for contraception and others were not able to give any cause

Table-3: Distribution of women according to reasons for not using any method of contraception.

Reasons	No. (n=114)	%
Against religious belief	35	30.7
Less knowledge	20	17.5
Opposition & reluctance of husband	20	17.5
Very costly	12	10.5
Wish to extend family	12	10.5
No need	12	10.5
No response	3	2.7

Discussion

Similar findings were represented in the study done by, Agrawal Shradha et al (2006)⁵. Dinesh and Kalia et al (2008)⁶ found the highest awareness ranging from 65-68% regarding contraceptive methods which is corresponding to our observation. The NFHS-3 data shows the findings differently. It shows that 38.4% had knowledge about any method of contraceptives.⁸

In the present study, 66.5% of the women were ever users of contraception where as 33.5% were the never users of contraception. Similar finding were shown by, Bhasin et al (2006)⁸, NFHS-3 India⁷, Renjhen (2008)¹⁰. These studies show the usage of contraception between 50%–75%. The findings of these studies match the findings of the present study. Bhasin et al¹¹ in their study showed that 75% of the subjects were users of any contraceptive method. In the present study 54% of the women told that their husbands were currently using condoms for family planning and 36.6% of the women were using pills. It also shows that 24.3% of the women were sterilized and 20.8% were using copper-T. Very few were using other method of family planning. Similar findings were shown by Bhasin et al (2005)¹¹, Agrawal Shradha et al (2006)⁶ Condom was the most common method which constituted about 33.4% of contraception followed by oral contraceptive pills, tubectomy and intrauterine device 15.7%. The percentage use of female sterilization was 37.8% followed by 9.8 for condoms, 3.8% for IUD and 3.2% for contraceptive pills. Non acceptors were more in Muslim community. Khokkar and Gulati (2000)⁹, Banerjee et al¹⁰ in (2004) found in their studies that low usage of family planning methods is associated with low literacy rate and Muslim community and the present study shows the similar results.

Conclusion

NGO involvement with active community participation has to be strengthened for effective implementation of RCH services. Health volunteers and workers under NHUM should be piloted in these urban slums to increase the utilization of maternal health services.

Regular concurrent assessment of the client based perception of the programme to be done so as to improve the quality services provided to increase utilization of the programme

Acknowledgement;

Authors are highly obliged to Dr Farzana Mahdi (Director Academics) And Mr Mohsin Ali Khan (secretary) Era Educational Trust for their support (financial as well as administrative) for the study.

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