ORIGINAL ARTICLE

Determinants of non-use of family planning methods by young married women (15-24 years) living in urban slums of Uttar Pradesh

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Abstract

Background: Total fertility rate of Uttar Pradesh is 2.7 with annual growth rate of 16.5. Age specific marital fertility rate (ASMFR) in Uttar Pradesh is highest in the age group of 20-24 years (383.9) followed by 15-19 years (271.0) age group. Use of contraceptives is also very low in this most productive age group. Among the Young married women in the age group of 15-24 years the contraceptive prevalence rate (CPR) is only 27.75% which is quite low than the target CPR of 60%. State level data presents a grim picture of contraceptive use in the slum areas in comparison to non-slum areas. This slum population is the most vulnerable section of our society. **Aims & Objectives**: i) To assess the prevalence of non-use of contraceptives among young married women living in urban slums. ii) To understand the reasons for non-use of contraceptives among young married women. iii) To explore the factors influencing non-use of contraceptive among young married women. **Materials and Methods**: A cross sectional study was carried out in the urban slums of Lucknow. Out of the eight Nagar-Nigam zones in Lucknow, one Urban-Primary Health Centre was selected randomly from each zone. From each Urban- Primary Health Centre, 2 slums were selected randomly. In selected slum, all the households were visited until at least 33 young married women (15-24 years) were interviewed using a pre-tested questionnaire to obtain the desired sample size of 535. The data was analyzed using SPSS 16.0. **Results:** Current use of contraceptives was found to be 33.8 % and almost two-thirds (66.2%) of the participants were not using any form of contraceptive method. The important reasons for non-use of contraception were embarrassment / hesitancy / shyness regarding family planning, lack of knowledge about the contraceptive method or place of availability of services, opposition to contraceptive use by husband or family members and women's desire to get pregnant. About one third of the women had no perceived need for contraception. Among the various bio-social and fertility related variables, educational attainment of the women, employment status, parity, autonomy of the women, attitude of the husband towards family planning, motivation to adopt contraceptive and contact with ANM during home visits were the prime independent predictors for non-use of contraceptives. **Conclusion**: The study found contraceptive use to be very low among the young married women. The findings showed that motivation of women to adopt family planning method through counseling along with provision of youth friendly services are needed to be address to achieve improvement in contraceptive use among these young married women living in urban slums.

Keywords

Determinants; Non-use; Family Planning; Young married women; Urban slums; Uttar Pradesh

Introduction

Total fertility rate of Uttar Pradesh is 2.71 with annual growth rate of 16.52. Trends of age specific marital fertility rate (ASMFR) in Uttar Pradesh reported that the age group of 20-24 years (383.9) has the highest fertility followed by the 15-19 years age group (271.0) (3). This most productive group comprises of 17.5 % of the population of Uttar Pradesh (3).

Along with this according to NFHS-4 about 21.2% of the young married women in the age group of 20-24 years were married before the age of 18 years; which is quite high in rural areas (24.9%) in comparison to urban areas (11.3%) (1). The adolescent pregnancy rate was found to be about 3.8% (1), indicating a high rate of early marriage and early pregnancy in the state of Uttar Pradesh. Marginal improvement (45.5%) (1) in contraceptive prevalence rate of Uttar Pradesh is reported by NFHS-IV in comparison to NFHS-III (43.6%) (4). According to NFHS-III, the contraceptive prevalence rate was lowest in the age group of 15-19 years (14.5%) followed by 20-24 years (26.7%) as compared to the older age groups (49.8%) (4). Further the NFHS-III slum data also shows a wide difference in contraceptive use between slum and non-slum areas (58.2% and 65.1% respectively) (4). These urban slum dwellers comprise of the most vulnerable section of the society with a decadal growth of about 30% (3). The huge size, high fertility and low contraceptive use in this age group, makes it the most vulnerable group, to be targeted, for attainment of the desired goal of population stabilization.

Aims & Objectives

1. To assess the prevalence of non-use of contraceptive among young married women living in urban slums of Lucknow.
2. To understand the reasons for non-use of contraceptives among young married women.
3. To explore the factors influencing non-use of contraceptive among young married women.

Material & Methods

Study Design: Cross-sectional study design was used in catchment slums of Urban Primary Health Centers in Lucknow. All young married women (15-24) living in urban slums of Lucknow.

Young married women (YMW) are currently married young women in the age group of 15-24 years. (Census- India, UN secretariat) (3,5) Study was carried out from August 2015 to July 2016.

Inclusion Criteria: Who agreed for interview, have been living in the urban slums of Lucknow for at least six months and gauna performed ie. living with husband.

Exclusion Criteria: Who were non-responsive, had undergone Hysterectomy / Bilateral Oophorectomy and Divorced/ Disserted/Separated from their spouse

Current Contraceptive User: YMW currently using any of the modern contraceptive methods.

Current Non-User: YMW who is not a current user of modern contraceptive methods.

Sample Size: Taking the prevalence of unmet need of family planning services in Uttar Pradesh as 14.6% (AHS 2012-13)2 and an absolute precision of 3%, sample size was calculated to be 533 ≈ 535.

Three staged random sampling technique was used

Data Collection Procedure: Out of the eight Nagar-Nigam zones in Lucknow, one Urban Primary Health Centre was selected randomly. From the catchment area of the selected Urban Primary Health Centre, 2 slums were selected randomly. In each selected slum, all the households were visited until at least 33 young married women in the age group of 15-24 years were interviewed. The young married women were contacted by the investigator during the visits to the urban slums and an attempt was made to convince all the young married women fulfilling inclusion criteria to participate in the study after informing them about the aims, objectives and likely benefits which would accrue from the study. Data was collected using a pre-designed and pre-tested interview schedule and a total of 535 cases fulfilling the inclusion and exclusion criteria were enrolled for the study. Information was collected regarding biosocial characteristics, contraceptive use, factors affecting contraceptive use and reasons for non-use of contraceptive. Analysis of the data was done using SPSS 16.0.

Results

Biosocial Characteristics: A total sample of 535 Young Married Women living in urban slums of Lucknow was analyzed to assess the level of

utilization of family planning services and the factors associated with it. The mean age of the study participants was 21.28 ± 1.9 years (Mean ± 2SD). Majority (87.1%) of them belonged to Hindu religion while 12.9% were Muslims. Almost half (48.2%) of the study participants were OBC and about one third (34.4%) were SC / ST. In the present study about two-fifth (41.0 %) of the participants were educated up to High School, 26.3% had Primary level of education and 18.7 % were Illiterate. Few (13.8 %) were educated up to Intermediate and above. Majority (77.8%) of the study participants were unemployed. 19.4 % were Unskilled workers and 2.6% were Semi-skilled workers. The mean age of marriage was 17.87 ± 1.85 years and mean age at the birth of first child was 19.23 ± 1.67 years. Majority (59.7 %) of the women between 21-24 years were multiparous while those between 18-21 and 15- 18 years were nulliparous (49.7 and 80.9 % respectively). In the present study about one-fourth (26.5%) of the women had parity of three or more and the mean number of living children was 1.35 ± 1.19. Mean number of desired children was 2.23 ± 0.51. About one third of the women had the desire for at least one male child.

Contraceptive Use By Young Married Women: About one-third (33.8%) of the women were currently using a contraceptive method (Fig 1). Of them 95.6 % were using a modern contraceptive method. Approximately two-third (66.2%) of the women were not using any of the contraceptive methods. More than two-third of the women who were currently not using contraceptive methods had also expressed no intention to use any contraceptive methods in the future. Fifty five percent of the study participants had never used any of the contraceptive methods.

Reasons For Non-Use Of Contraceptives: Among the reasons for not using contraceptives (Table 1), more than half (56.9%) of the women cited embarrassment / hesitancy / shyness regarding family planning to be a reason for non-use. Almost half (45.6%) of the women reported lack of knowledge about family planning methods or place of availability of services. About one-third (32.3%) faced opposition to contraceptive use while another 23.3% expressed a desire to get pregnant. About one third (32.8%) of the women had no perceived need for contraception.

Factors influencing contraceptive use among young married women:

Bio-social Factors: Majority (95.2% and 89.2%) of the women in the age groups of 15-18 and 18-21 years respectively were currently not using any of the contraceptive methods. Contraceptive non-use showed a decreasing trend with increase in age and this association was found to be statistically significant.

Religion was not found to be significantly associated with non-use of contraceptive with similar percentage of non-users among the Hindu's as well as Muslim's (68.4% and 62.3% respectively). Almost three-fourth (72.8%) of the women of SC/ ST category were non-users of contraceptives. This percentage decreased slightly among the OBCs (68.2%) and even further among those of the general category (55.8%). Thus, contraceptive non-use was found to be more in SC / ST and OBC as compared to the general category and this association was found to be statistically significant.

Majority (77.6%) of the women with primary level of education or no education were found to be non-users. Non-use of contraceptive was found to be decreasing with increase in level of education status of women. Non-use was found to be the least where both women and her husband had education up to intermediate and above. Educational status of the women as well as her husband was found to have a statistically significant association with non-use of contraceptive. About three-fourth (71.6%) of the women who were unemployed were non-users of contraceptives and this association was found to be statistically significant. (Table 2)

Fertility related Factors: In the study about one fourth (27.3%) of the women had duration of marriage less than 2 years. Majority (93.8%) of the women in this group were not using any of the contraceptive methods and the non-use was found to decrease with increase in duration of marriage. This association between duration of marriage and non-use of contraceptive was found to be statistically significant. Majority (94.7%) of the nulligravida women were non-users of contraceptive methods as compared to primigravida (63.7%) and multigravida women (55.6%). Non-use of contraceptive was found to be decreasing with increase in number of pregnancies of the women and this association was found to be statistically

significant. But about half (48.9%) of the women who had three or more living children were also found to be not using any contraceptive methods. About two third (66.3 %) of the women who had no male child were not using any of the contraceptives whereas in those women who had a male child, the non-use was found to be 58.7%. (Table 3)

Autonomy Status and Motivation related factors: Majority (95.9%) of the women who had no autonomy in their family were non-users of contraceptives. With increase in autonomy status of the women, non-use was found to be decreasing and this association was found to be statistically significant.

More than two-third of the women reported unfavorable attitude of the husband towards family planning methods and only about 40% of the women had ever discussed family planning with their husband. Majority (83.9%) of the women whose husbands had an unfavorable attitude towards family planning were non-users. The association of husband's attitude was found to be statistically significant with non-use of contraceptive. Discussion of family planning with husband was found to be statistically significant with current use of contraceptives.

In the study about one-third of the women were motivated to adopt family planning methods either by husbands, other family members / friends / relatives or health care provider. About 70% of the women who were motivated to adopt family planning method were currently using family planning methods. A statistically significant association was observed between motivation to adopt with use of contraceptive. Majority of women who faced any opposition to use contraceptives were non-users of contraceptive methods. Opposition to use by husband and by others was found to have a statistically significant association with non-use of contraceptive. (Table 4)

Knowledge of contraceptive method and Contact with Health Worker: About two-third (64.4%) of the contraceptive non-users did not have any knowledge of contraceptive methods. Knowledge of contraceptive methods was statistically significantly associated with non-use of contraceptive. Place of delivery of the last child was found to have a statistically significant association with non-use of contraceptive with majority (80.2%) of the non-users having a home delivery. The association of home visits by ANM and attending HNDs by the women with non-use of contraceptive was found to be statistically significant. Non-use was less among those visited by ANM (46.4%) and those who attended HND (39.5%) as compared to those who were not visited by ANM (53.6%) and those who did not attend HND (39.5%). (Table 4)

Independent Predictors Of Non-Use Of Contraceptives : Table 5 shows predictors for non-use of contraceptives by young married women. In bivariate analysis all variables that had a p value of <0.05 : age, caste / tribe, level of education of the women and her husband, employment status of the women, socio-economic status ,duration of marriage, parity, desired number of children, knowledge of contraceptive methods, autonomy status, husband's attitude towards family planning, discussion about family planning, being motivated for adoption of family planning methods, opposition to contraceptive use, place of delivery of last child and contact with ANM were subjected to conditional multiple logistic regression. Among the variables, educational attainment of the women, employment status, parity, autonomy of the women, attitude of the husband towards family planning, motivation to use contraceptive, motivation by a health care provider and home visit by ANM showed independently significant association with non-use of contraceptives. Women who had an education level of below primary level were 3.83 times less likely to use contraceptives than women with above primary level of education. Women who were unemployed were 3.21 times less likely to use contraceptives than those who were employed and those who had no autonomy in their house were 7.69 times less likely to use contraceptives. Women who were not motivated were 22.72 times less likely to use contraceptives while those not visited by ANM in their homes were 5.90 times less likely to use contraceptives.

Discussion

Findings of our study found that the mean age of marriage (17.87 ± 1.85 years) and mean age at the birth of first child (19.23 ± 1.67 years) was quite low in the study area. Currently 66.2% of the young married women (15-24 years) were not using any contraceptive methods. The current non-use of contraceptive methods is much higher in our study

population in comparison to NFHS-4 Uttar Pradesh data (54.5%) (1) for contraceptive use. Speizer I.S. *et. al* (6) also found high non- use of family planning methods (50%) among urban poor women (15-45 years) of Uttar Pradesh. Similarly, in other studies conducted among married women (15-45 years) in the urban slums of Lucknow. 7,8,9 low use of contraceptives was reported.

When these young women were enquired for reasons, the main reasons for non-use cited by the women were embarrassment, hesitancy in discussing family planning methods followed by lack of knowledge about family planning methods or place of availability of services. One third (32.8%) of the women had no perceived need for contraception. About one-third of the women faced opposition to contraceptive use and among those 10% were themselves against the use of contraceptives. 10 % of the women also had a fatalist approach. Barbhuiya F *et. al*. (10) in their study among married women found lack of sufficient information, opposition from family members and shyness and introvert nature as major reasons for non-use of contraceptives. Huda, F.A. *et. al* (11) observed being unaware of available methods, pressure from spouses and relatives (primarily mothers-in-law) to have children, to be the most common reasons for inconsistent / non-use of family planning methods among married adolescent girls living in urban slums of Bangladesh. Opposition from family members, feeling pregnancy is naturally spaced were cited as the main reasons for not using contraceptives by Koranne P S. and Wahane A R. (12).

Ram, N. and V, S.A. (13) and Kumar M *et. al* (14), reported that a lower level of educational status influenced the use of contraceptive among married women (15-45 years). In concurrence to it, the present study also found the educational status of the women to be significantly associated with the use of contraceptive. In this study about 45 % women were either illiterate or educated upto primary level only. Among these more than three fourth of the women were not using any contraceptives. About one fifth of the young married women were working outside the house for cash or kind and half of these women were currently using contraceptives. Similar, to this, Abdosh, N. (15) reported significant association between employment status and the use of contraceptive in their study conducted among young married women in Ethiopia. Ram, N. and V, S.A. (13) also reported significantly high use of contraceptives among employed married women.

In the present study total number of pregnancies of the women was found to be significantly associated with current non-use of contraceptive. More of the women with more number of pregnancies were using contraceptives. This is in accordance to the findings of other studies (16,17), who reported a higher non-use of contraceptives among nulligravida women. Approximately half of the nulligravida women reported that they had no desire for childbirth in near future but in-spite of this 94.7 % of them were not currently using any of the contraceptive methods (18). Our study also observed that majority (93.8%) of the women with duration of marriage less than 2 years were not using contraceptives. This indicates the need for focused efforts directed towards these newly married nulliparous young women to increase the contraceptive use.

Koranne, P.S. and Wahane, A.R. (12) and Glinski A et. al. (19) reported son preference as the major reason for non-use of contraceptive. In our study although one third of the women had expressed the desire for atleast one male child. However, no significant difference in use of contraceptive was found between the women who had no male child at the time of interview and the women who had one or more male child.

Autonomy status of the women was found to be one of the independent predictor for non-use of contraceptive in urban slums of Lucknow. In the study 27% women had no autonomy in family decisions and most of them were not using any contraceptive method. Autonomy of the women was found to be significantly associated with use of contraceptive in urban slums of Lucknow. This finding is in concurrence to studies by other researchers (20,21), who reported that women who were less involved in day to day decision making in the house were less likely to use contraceptives.

In the present study, favorable attitude of the husband towards family planning was found to be significantly associated with use of contraceptive. This is similar to the findings of other studies (15,22) among slum women aged 15-24 years. The present study also found opposition to contraceptive use by husband or others to be significantly associated with use of contraceptive. This is in accordance to studies

by other researcher (23) among newly married couples in Maharashtra.

Researchers in the past (24) observed motivation by health workers, peer groups or family members as one of the significant determinant of use of family planning method. Similarly, in our study motivation to adopt family planning method by anyone (husband, other family members, friends, relatives or health care provider) was found to be significantly associated with use of contraceptive.

The present study observed that contact with ANM during home visits in the slum was found to be significantly associated with use of contraceptive by the women. Yitayal, M. *et. al*. (25) in Ethiopia also observed that contact of health worker under community-based health extension program significantly improved the utilization of contraceptive by married women. It was also observed that the use of contraceptive was significantly higher in those women who had attended the health nutrition days (HNDs) in the slum. Azmat S.K. *et. al*. (26) and Sarkar A., *et. al* (27) also found significant increase in use of contraceptives by young married women under the community based interventions in developing countries. During the multiple logistic regression analysis, it was also observed that motivation of the women to adopt family planning method by the health worker emerged out as one of the independent predictor of contraceptive use. It indicates the need for the RCH program managers to take cognizance of the positive influence of contact and motivation by ANMs during home visits and HNDs as an opportunity to increase contraceptive use among young married women especially in the slums.

Conclusion

In our study population, early marriage and early childbearing was quite prevalent and use of contraceptive was found to be very low among the young married women. Lower educational status, unemployment, nulligravida, no autonomy of the women, unfavorable attitude of the husband towards family planning, lack of motivation to adopt contraceptive, no contact with the ANM emerged out as major determinants of non–use of family planning methods by the young married women in the slums.

As motivation to use the family planning method and contact by ANM were found to be strong factors influencing contraceptive use, counseling and motivating the young married women to use contraceptive can be an important step in the right direction. It is necessary that regular home visits / HNDs should be conducted in the slums by the ANMs. During these visits counseling regarding family planning should be provided not only to the women but also to their partners as well as other influencers in the family (mother-in-law). Tailor specific approach is needed for different sections within this age-group couples (newly-wed couples, eligible couples with no children and many years of marriage, eligible couples with one children and eligible couples with multiple children) for motivation and counseling by the health worker.

Findings in another section of our study showed that very few women were contacted and counseled by the ANMs during their visits in the slum. None of the ANMs posted at the urban-PHCs had been trained in family planning and behavior change communication skills which are of utmost importance for motivating the women to adopt the contraceptive method. There is need not only to train the ANMs for providing family planning services but emphasis should also be put during these trainings to increase the capacity of ANMs in behavior change communication skills.

Recently Urban-ASHA, a community based worker has also been introduced in the urban slums under national urban health mission in the state. It is hopeful that their presence in the society will be helpful in reaching and motivating this most vulnerable young population of the society for uptake of contraceptives.

Educating the women will be immensely helpful in facilitating the adoption of family planning methods but along with it cultivating the positive approach of husband towards family planning is also very essential. For this quality, sexual and reproductive health education should be incorporated in the academic curriculum. In addition, formation of peer groups in the slums can act as potential influencers and provide a forum for free and open discussion of family planning without any shyness and dispel the associated myths and misconceptions.

Recommendation

Program managers of Reproductive and Child Health program in the state should take a serious note of

the current program and make necessary efforts to address the issues in a more holistic manner.

Relevance of the study

The study brings out the various reasons of non-use of contraceptives among the vulnerable segment of young married slum dwelling women and provides a valuable insight to the existing knowledge of non-use of contraceptives

Authors Contribution

All the authors have contributed equally in the conception and design, acquisition of data, analysis and interpretation of data; drafting the article or revising it critically for important intellectual content; and final approval of the version to be published.

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Tables

TABLE 1 REASONS FOR NOT USING CONTRACEPTIVE METHOD AMONG YOUNG MARRIED WOMEN

S. No	Reasons for not using contraceptives	Frequency (n=362)	Percentage (%)
1	Embarrassment/ Hesitation/ Shy to talk about contraception	206	56.91
2	Lack of Knowledge about Family Planning methods / services	165	45.58
a	Knows no source	156	43.09
b	Knows no method	134	37.02
c	Don't know how to use a method	29	8.01
3	Opposition to Use	117	32.32
a	Others oppose	64	17.68
b	Partner opposes	40	11.05
c	Respondent opposes	38	10.50
4	Fertility Related	106	29.28
a	Wants to / Trying to get pregnant	84	23.20
b	Breastfeeding / Postpartum Amenorrhea	20	5.52
c	Wants as many children as possible	14	3.87
d	Infrequent sex / No sex	6	1.66
5	Method Related Reasons	90	24.86
a	Health concerns	63	17.40
b	Fear of side-effects	61	16.85
c	Bad experience with existing method	39	10.77
d	Inconvenient to use	20	5.52
e	Costs too much	3	0.83
6	Fatalist Approach	39	10.77
7	Health Facility Related Reasons	10	2.76
a	Poor quality of services	7	1.93
b	Lack of access / Too far	2	0.55
c	Desired method not available	1	0.28
8	Others		
a	No perceived need	119	32.87
b	No opinion	2	0.55

TABLE 2 BIOSOCIAL FACTORS AND CONTRACEPTIVE NON-USE BY YOUNG MARRIED WOMEN

Background Characteristics	Current users (%) (n=173)	Non users (%) (n=362)	Total (%) (n=535)	p value
Age of the women (Years)				
15-18	1 (4.8) [0.6]	20 (95.2) [5.5]	21 [3.9]	0.000**
18-21	18 (10.8) [10.4]	149 (89.2) [41.2]	167 [31.2]	
21-24	154 (44.4) [89.0]	193 (55.6) [53.3]	347 [64.9]	
Religion of the women				
Hindu	147 (31.5) [84.9]	319 (68.4) [88.1]	466 [87.1]	0.309
Muslim	26 (37.7) [15.0]	43 (62.3) [11.9]	69 [12.9]	
Caste / Tribe of the women				
SC/ST	50 (27.2) [28.9]	134 (72.8) [37.0]	184 [34.4]	0.017*
OBC	82 (31.8) [47.4]	176 (68.2) [48.6]	258 [48.2]	
Others	41 (44.1) [23.7]	52 (55.9) [14.4]	93 [17.4]	
Level of Education of the women				
Illiterate	30 (30.0) [17.3]	70 (70.0) [19.3]	100 [18.7]	0.000**
Primary level	24 (17.0) [13.8]	117 (82.9) [32.3]	141 [26.3]	
High school	89 (40.5) [51.4]	131 (59.5) [36.2]	220 [41.1]	
Intermediate and above	30 (40.5) [17.3]	44 (59.5) [12.1]	74 [13.8]	
Husband's Level of Education				
Illiterate	39 (31.4) [22.5]	85 (68.5) [23.5]	124 [23.1]	0.001**
Primary level	29 (20.7) [16.8]	111 (79.3) [30.7]	140 [26.1]	
High school	76 (36.5) [43.9]	132 (63.5) [36.5]	208 [38.9]	
Intermediate and above	29 (46.0) [16.8]	34 (54.0) [9.4]	63 [11.8]	
Employment Status of the Women				
Unemployed	118 (28.4) [68.2]	298 (71.6) [82.3]	416 [77.8]	0.001**
Employed	55 (46.2) [31.8]	64 (53.8) [17.7]	119 [22.2]	
SES (Based on modified Kuppuswamy Scale - 2016)				
Lower and Upper lower	110 (28.7) [63.6]	273 (71.2) [75.4]	383 [71.6]	0.026*
Middle and above	63 (41.5) [36.4]	89 (58.5) [24.6]	152 [28.4]	

() row percentage [] column percentage

TABLE 3 FERTILITY RELATED FACTORS AND CONTRACEPTIVE NON-USE BY YOUNG MARRIED WOMEN

Background Characteristics	Current user (%) (n=173)	Current Non user (%) (n=362)	Total (%) (n=535)	p value
Duration of marriage				
< 2 years	9 (6.2) [5.2]	137 (93.8) [37.8]	146 [27.3]	0.000**
2-5 years	106 (37.9) [61.3]	174 (62.1) [48.1]	280 [52.3]	
>5 years	58 (53.2) [33.5]	51 (46.8) [14.1]	109 [20.4]	
Total number of pregnancies				
0	7 (5.3) [4.0]	125 (94.7) [34.5]	132 [24.7]	0.000**
1	57 (36.3) [32.9]	100 (63.7) [27.6]	157 [29.3]	
2-5	101 (43.2) [58.3]	133 (56.8) [36.7]	234 [43.7]	
>5	8 (66.7) [4.6]	4 (33.3) [1.1]	12 [2.2]	
Total no of living children (n=391)				
0	1 (8.3) [0.6]	11 (91.7) [3.0]	12 [3.1]	0.185
1	72 (38.9) [41.6]	113 (61.1) [31.2]	185 [47.3]	
2	48 (40.6) [27.7]	70 (59.4) [19.3]	118 [30.2]	
≥3	45 (51.1) [26.0]	43 (48.9) [11.9]	88 [22.5]	
Total no of male children (n=403)				
0	34 (33.7) [19.6]	67 (66.3) [18.5]	101 [25.1]	0.093
1	85 (41.2) [49.1]	121 (58.7) [33.4]	206 [51.1]	
≥2	47 (48.9) [27.1]	49 (51.1) [13.5]	96 [23.8]	
Desired number of children				
1	13 (54.2) [7.5]	11 (45.8) [3.0]	24 [4.5]	0.000**
2	126 (34.6) [72.8]	238 (65.4) [65.7]	364 [68.0]	
>2	34 (23.1) [19.6]	113 (76.9) [31.2]	147 [27.5]	

() row percentage [] column percentage

TABLE 4 KNOWLEDGE, ATTITUDE & PRACTICE OF FAMILY PLANNING BY YOUNG MARRIED WOMEN

Background Characteristics	Current user(%) (n=173)	Current Non user (%) (n=362)	Total(%) (n=535)	p value
Knowledge of contraceptive methods				
Knowledge of any method	173(42.6) [100]	233 (57.4) [64.4]	406 [75.9]	0.000**
Autonomy Status				
Has autonomy	94 (70.1)	40 (29.9)	134	0.000**

	[54.3]	[11.1]	[25.1]	
Has some autonomy	73 (28.5) [42.2]	183 (71.5) [50.5]	256 [47.8]	
Has no autonomy	6 (4.1) [3.5]	139 (95.9) [38.4]	145 [27.1]	
Husband's Attitude towards Family Planning				
Favorable	115 (66.5) [66.5]	58 (33.5) [16.0]	173 [32.3]	0.000**
Unfavorable	58 (16.0) [33.5]	304 (83.9) [83.9]	362 [67.7]	
Discussed family planning*				
With husband	135 (65.2) [78.0]	72 (34.8) [19.9]	207 [38.7]	0.000**
With others	100 (62.9) [57.8]	59 (37.1) [16.3]	159 [29.7]	0.000**
Motivated for adoption of family planning methods*	132 (71.7) [76.3]	52 (28.3) [14.4]	184 [34.4]	0.000**
Motivated by Husband	53 (76.8) [30.6]	16 (23.2) [4.4]	69 [12.9]	0.000**
Motivated by Other family members / Friends / Relatives	79 (74.5) [45.7]	27 (25.5) [7.5]	106 [19.8]	0.000**
Motivated by Health care provider	56 (63.6) [32.4]	32 (36.4) [8.8]	88 [16.4]	0.000**
Opposition to Contraceptive use				
No Opposition	167 (39.3) [96.5]	258 (60.7) [71.2]	425 [79.4]	0.000**
Opposition by Husband	4 (9.1) [2.3]	40 (90.9) [11.0]	44 [8.2]	0.001**
Opposition by Others	2 (3.0) [1.1]	64 (97.0) [17.7]	66 [12.3]	0.000**
Place of delivery of last child				
Home	18 (19.8) [10.4]	73 (80.2) [20.2]	91 [17.0]	0.000**
Government health facility	111 (47.6) [64.2]	122 (52.4) [33.7]	233 [43.5]	
Private facility	36 (53.7) [20.8]	31 (46.3) [8.6]	67 [12.5]	
Contact with ANM				
Home visits by ANM	22 (53.6) [12.7]	19 (46.4) [5.2]	41 [7.7]	0.002**
Attended HND	52 (60.5) [30.0]	34 (39.5) [9.4]	86 [16.1]	0.000**

() row percentage [] column percentage

TABLE 5 RESULTS FOR LOGISTIC REGRESSION FOR FACTORS ASSOCIATED WITH NON-USE OF CONTRACEPTIVE AMONG CURRENTLY MARRIED YOUNG WOMEN

Variables	B	SE	p Value	Adjusted OR	95% CI	
					Lower	Upper
Level of Education of the Respondent						
Above Primary	REFERENCE					
Up to Primary	1.342	0.459	0.003**	3.827	1.556	9.415
Employment Status of the Respondent						
Employed	REFERENCE					
Unemployed	1.168	0.387	0.003**	3.215	1.507	6.859

Parity						
>2	REFERENCE					
≤2	1.271	0.509	0.013**	3.565	1.314	9.673
Autonomy Status						
Has some autonomy	REFERENCE					
Has no autonomy	2.039	0.631	0.001**	7.687	2.234	26.453
Husband's attitude towards Family Planning						
Favorable	REFERENCE					
Unfavorable	1.115	0.552	0.043**	3.050	1.034	9.002
Motivated for adoption of family planning methods						
Yes	REFERENCE					
No	3.123	0.674	0.000**	22.718	6.066	85.088
Motivation by Health care provider						
Yes	REFERENCE					
No	-1.782	0.626	0.004**	0.168	0.049	0.573
Home visits by ANM						
Yes	REFERENCE					
No	1.776	0.672	0.008**	5.904	1.582	22.032