

A study on various factors affecting family planning practices among eligible couples in urban slums of municipal corporation area in Jamnagar, Gujarat, India

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Abstract

Background: Nowadays, even though increased facilities are being provided for family planning program in all the sections of the society, the factors such as age at marriage, education, economic status, religion, and number of living children prevail, which play an important role in adopting it.

Objective: To understand the various factors affecting family planning practices among eligible couples in urban slums—an underprivileged indigenous community in Jamnagar, Gujarat.

Materials and Methods: In this study, 450 women of reproductive age (15–49 years) residing in urban slum areas were interviewed, and slum areas of the city were selected by using the 30 cluster sampling technique. The association between the variables was assessed by using χ^2 -test, and analysis was done by the use of SPSS software, version 17, and Microsoft Excel, 2013.

Result: Majority of the women (95.11%) were aware about contraceptive methods. Effective couple protection rate in this study was found to be 66.44%, which is higher than the Gujarat state figure [i.e., 56.5% (NFHS-III)]. Among both modern and traditional methods, female sterilization ranked first. Of the total subjects, 35.79% of women had preferred this method—almost similar to the Gujarat state figure. On the other hand, the prevalence of male sterilization methods was comparatively higher than that of the state level. The acceptance rate of contraceptives was higher among women aged ≥ 30 years and high literacy status of women, while nonacceptance rate of contraceptives was found much higher among women who had a low socioeconomic status and more number of children. Major sources of information about family planning were health worker (68.88%), husband (68.46%), television (42.06%), and doctor/health worker (35.75%). The leading motivators for family planning in women were health professionals in 66.89% women.

Conclusion: This study highlights the need for a constant interaction of health functionaries with the eligible couple for boosting family planning program. All the efforts to strengthen and raise the female literacy should be done such as strengthening behavior change communication (BCC) activities within health department and nonhealth department; improving knowledge, attitude, and practice in the community toward family planning practices.

KEY WORDS: Eligible couple, family planning, urban slum

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Introduction

India ranks the second most populous nation in the world with a population of 1.21 billion people. According to the Census of 2001–2011, India's population has grown by 17.7%, showing an increase of 181.96 million people since 2001. India represents almost 17.31% of the world's population, which means one of six people on this planet live in India. Currently, there are about 51 births in India in a minute.^[1]

There are a number of factors that contribute to population growth. Some of the reasons for high fertility rates are high infant mortality rate, low age at marriage, and unmet need for contraceptives. A large proportion of the population is in reproductive age group, and their reproductive decisions contribute significantly to the population growth.^[2]

Nowadays, even though increased facilities are being provided for family planning program in all the sections of the society, the factors such as age at marriage, education, economic status, religion, and number of living children prevail, which play an important role in adopting it. This study is, therefore, undertaken to assess the various factors affecting family planning practices among eligible couples in a district slum area.

Objectives

1. To study the knowledge about family planning methods among reproductive age women (15–49 years).
2. To study the various sociodemographic variants of these women.
3. To find out the association between sociodemographic variants and adoption of family planning practices.
4. To find out the reasons for nonadoption of family planning.

Materials and Methods

This descriptive, epidemiological, and cross-sectional study carried out in the year 2013 in urban slums of municipal corporation area, Jamnagar, Gujarat. There were 19 wards and 64 slum pockets in this municipal corporation area. Urban slum areas of the city were selected by using the 30 cluster sampling technique. A pilot study was done in urban slums initially. The sample size of the study was 50. After analyzing the result, a modified pro forma was prepared. Every women in the reproductive age group (15–49 years) was included in the study till the sample size of 15 was completed in each cluster, and, thus, total 450 women were interviewed. The community was very cooperative, actively participated in the study, and provided full support throughout the study.

Result

In this study consisting of 450 women in total, almost half (57.56%) of them belonged to the age group of 25–34 years. Majority of them (i.e., 88%) belonged to the Hindu religion. More than half (58.22%) women were from OBC and only 12.22% women were from SC/ST caste. Of the 450 women, 27.33% women were illiterate and only 14.45% women possessed education up to higher secondary level and above. Of the total women, 54.44% women belonged to joint family, 45.56% women belonged to nuclear family, and more than one-third (i.e., 39.11%) women belonged to class IV, followed by 22.22% women who belonged to class II, and only 8.44% women who belonged to class I [Table 1].

Table 1: Sociodemographic characteristics of the study population (N = 450)

Characteristics	N	Percentage
Age (years)		
15–24	91	20.21
25–34	259	57.56
>34	100	22.22
Religion		
Hindu	396	88
Muslim	54	12
Caste		
General	133	29.56
OBC	262	58.22
SC/ST	55	12.22
Education		
Illiterate	123	27.33
Primary	179	39.78
Secondary	83	18.44
Higher secondary and above	65	14.45
Socioeconomic status		
I	38	8.44
II	100	22.22
III	94	20.9
IV	176	39.11
V	42	9.33
Type of family		
Nuclear	205	45.56
Joint	245	54.44
No. of living children		
0	11	2.44
1	133	29.56
2	191	42.44
3+	115	25.56

Table 2 shows that a majority of the women (95.11%) were aware about family planning methods, and only 4.89% women were not aware about it. Of the total 450 women studied, more than two-thirds of women were aware about minimum one method of family planning [i.e., condom (68.89%), pills (70%), intrauterine devices IUD (74.89%), and tubectomy (68.67%)]. Half of the women were aware about natural methods of family planning. Awareness regarding vasectomy and hormonal injections was 26.22% and 20.44%, respectively.

Almost 100% women in the young age group (15–24 years) were aware about various contraceptive methods, and 93.44% of women in age group 25–34 years and 96% of women in age group >34 years exhibited awareness about contraceptives. Awareness regarding contraceptive methods was less in SC/ST caste when compared with general and OBC, and almost one-third of Muslim women did not know

Table 2: Distribution of women according to the awareness of various family planning methods

Type of family planning method	N	Percentage
Condom	310	68.89
Pills	315	70
IUD	337	74.89
Tubectomy	309	68.67
Vasectomy	118	26.22
Hormonal injections	92	20.44
Natural methods	212	47.11
Not aware	22	4.89

about contraceptives. It was noted that higher the level of literacy, higher was the percentage of awareness about various methods of contraception, and as Table 3 shows, 100% women in social class I, 99% women in social class II, 98.94% women in social class III, 92.04% women in social class IV, and 85.72% women in social class V were aware about contraceptives. Of the total women, 92.68% women from nuclear families revealed awareness about contraceptives, while 97.14% women from joint families were aware about family planning methods. It was noted that all 11 women who had no child were aware about contraceptives, and when we compared women who had 2 or less children group with women who had 3 or more children, awareness was more in the former group than in the latter group. The difference of sociodemographic characteristics [e.g., religion, caste, education of women, socioeconomic status (SES), and number of living children] and awareness about family planning methods was statistically significant [Table 3].

Table 4 shows that, among the 450 subjects of study, 299 (66.44%) were using some form of contraception, while 151 women (33.56%) were nonacceptors of any form. Among the users, 260 (86.96%) were using approved methods, whereas 13.04% were still using traditional ones. Among the modern methods, the terminal method in women got the highest percentage (35.79%), followed by spacing methods namely, intrauterine contraceptive device (IUCD) (24.08%) and oral contraceptive pills (OCPs) (7.36%). Condoms were used by 59 (19.73%) of them. No male subjects had undergone vasectomy. Analysis of the traditional methods revealed that calendar and withdrawal methods were followed by 3.68% and 2.34% of women, respectively, while lactational amenorrhea was present in 7.02% women. Couple protection rate (CPR) was calculated to be 66.44%.

The total acceptance rate of contraceptives was almost similar in different age groups, while it was slightly higher among Muslims (i.e., 70.37%) when compared with Hindus (i.e., 65.91%), and the same was higher among the general caste (75.94%) and OBC (70.61%) than SC/ST caste (23.64%). Nonacceptance rate of contraceptives was much higher among illiterate women (i.e., 56.10%) when compared with literate women. A significant influence of the SES of women was found on their utilization of family planning methods

(i.e., use of contraceptives was more among women of higher SES). Only 28.57% women of socioeconomic class V and 57.95% of socioeconomic class IV used family planning methods when compared with 72.34%, 83%, and 89.47% of women who belonged to socioeconomic classes III, II, and I, respectively. Contraceptive usage was almost similar in women from nuclear families (67.32%) and joint families (65.71%). Contraception acceptance after one living child was 63.16%, which increased after two living children (i.e., 72.25%). Of the total 11 women who had no child, only one woman was using contraceptive method. The difference between sociodemographic characteristics (caste, education of women, socioeconomic status, and number of living children) and the usage of contraceptives was statistically significant [Table 5].

Table 6 shows that, of the total 151 women who did not use any family planning method, 130 women were not willing to use any method; an attempt has been made to find out the reasons for unwillingness, and multiple answers were given by them. Most of the women gave reasons that they wanted a child (43.08%) and lack of knowledge (20.00%). Other reasons for unwillingness to use of contraception were inconvenience (14.62%), women want male child (10%), and fear to use contraceptives (6.15%), and less common reasons were denial from spouse (7.69%), denial from family members (3.85%), and waiting for winter (9.27%).

Of the total 450 women studied, 428 women were aware about contraceptives in which multiple answers were given by them about the sources of family planning methods [i.e., from her husband (68.46%), health worker (68.88%), television (42.06%), doctor (35.75%), family members (26.17%), friends (21.03%), and newspaper/posters (15.42%)] [Table 7].

Discussion

Of the total 450 women, only 4.89% women were not aware about contraceptives. Ghosh *et al.*^[3] also observed that only 9% women revealed no awareness and more than 65% of the study population (234/352) exhibited knowledge of OCP, followed by condom (61.4%), ligation (45.5%), and IUCD (29.5%). CPR found in this observational, cross-sectional study is slightly higher than the Gujarat state figure (i.e., 56.5%, NFHS-III).^[4] This study revealed that the acceptance of terminal method (tubectomy) was higher (35.79%) when compared with individual spacing methods (OCPs, IUCDs, and condoms, which were 7.36%, 24.06%, and 19.73%, respectively), which was almost similar to the results of the study done by Manna and Basu.^[5] Sharma *et al.*^[6] mentioned in their study that no family planning method was used by women of age up to 20 years, and the religion was also found to have a significant association with the utilization of family planning methods ($P < 0.001$), that is, more Hindu women when compared with Muslim women used family planning methods. Similar to our study, Singh^[7] in his study also observed that contraceptive prevalence was higher among the general caste (51.66%) than OBC (41.06%) and SC (7.28%).

Table 3: Association between awareness of women about family planning methods and sociodemographic characteristics.

Characteristics	Yes	No	χ^2	P
	N (%)	N (%)		
Age (years)				
15–24	90 (98.90)	1 (1.10)	4.54	0.1
25–34	242 (93.44)	17 (6.56)		
>34	96 (96)	4 (4)		
Religion			99.935	<0.01
Hindu	392 (98.99)	4 (1.01)		
Muslim	36 (66.67)	18 (33.33)		
Caste			39.986	<0.01
General	132 (99.25)	1 (0.75)		
OBC	253 (96.56)	9 (3.44)		
SC/ST	43 (78.18)	12 (21.82)		
Education of women			47.28	<0.01
Illiterate	103 (83.74)	20 (16.26)		
Primary	177 (98.88)	2 (1.12)		
Secondary	83 (100)	0 (0)		
Higher secondary and above	65 (100)	0 (0)		
Socioeconomic status			19.69	<0.01
I	38 (100)	0 (0)		
II	99 (99)	1 (1)		
III	93 (98.94)	1 (1.06)		
IV	162 (92.04)	14 (7.96)		
V	36 (85.72)	6 (14.28)		
Type of family			4.7	0.02
Nuclear	190 (92.68)	15 (7.32)		
Joint	238 (97.14)	7 (2.86)		
Number of living children			10.85	0.01
0	11 (100)	0 (0)		
1	125 (93.98)	8 (6.02)		
2	188 (98.43)	3 (1.57)		
3+	104 (90.43)	11 (9.57)		

Table 4: Distribution of women according to the present use of various family planning methods (N = 450)

Present use of family planning methods	Distribution of women	
	N	Percentage
Using no method	151	33.56
Using any method	299	66.44
Total	450	100
Using traditional methods		
Withdrawal method	7	2.34
Calendar method	11	3.68
Lactation amenorrhea	21	7.02
Total	39	13.04
Using approved methods such as		
Condom	59	19.73
Oral contraceptive pills	22	7.36
IUD	72	24.08
Sterilization	107	35.79
Total	260	86.96
Total	299	100

Table 5: Association between the use of family planning methods and characteristics of women

Characteristics	Yes	No	χ^2	P
	N (%)	N (%)		
Age (years)				
15–24	62 (68.13)	29 (31.87)	1.907	0.38
25–34	180 (68.44)	83 (31.56)		
>34	61 (61)	39 (39)		
Religion				
Hindu	261 (65.91)	135 (34.09)	0.424	>0.05
Muslim	38 (70.37)	16 (29.63)		
Caste				
General	101 (75.94)	32 (24.06)	52.624	<0.01
OBC	185 (70.61)	77 (29.39)		
SC/ST	13 (23.64)	42 (76.36)		
Education of women				
Illiterate	54 (43.90)	69 (56.10)	43.168	<0.01
Primary	129 (72.07)	50 (27.93)		
Secondary	60 (72.29)	23 (27.71)		
Higher secondary and above	56 (86.15)	9 (13.85)		
Socioeconomic status				
I	34 (89.47)	4 (10.53)	55.508	<0.01
II	83 (83.00)	17 (17.00)		
III	68 (72.34)	26 (27.66)		
IV	102 (57.95)	74 (42.05)		
V	12 (28.57)	30 (71.43)		
Type of family				
Nuclear	138 (67.32)	67 (32.68)	0.067	>0.05
Joint	161 (65.71)	84 (34.29)		
Number of living children				
0	1 (9.09)	10 (90.91)	19.768	<0.01
1	84 (63.16)	49 (36.84)		
2	138 (72.25)	53 (27.75)		
3+	76 (66.09)	39 (33.91)		

Table 6: Distribution of women according to reason for unwillingness for use of family planning method

Reason for unwillingness	Distribution of women (N = 130)	
	N	Percentage
Want more children	56	43.08
Want male child	13	10
Inconvenience	19	14.62
Lack of knowledge	26	20
Denial from spouse	10	7.69
Fear	8	6.15
Denial from family members	5	3.85
Waiting for winter	9	6.92

Table 7: Distribution of women according to their source of knowledge about family planning methods

Source of knowledge about family planning methods	Distribution of women (N = 428)	
	N	Percentage
Husband	293	68.46
Health worker	310	68.88
Television	180	42.06
Doctor	153	35.75
Family members	112	26.17
Friends	90	21.03
Newspaper/posters	66	15.42

The positive influence of education on contraceptive acceptance found in our study was in consistence with another study conducted by Girdhar *et al.*^[8] in Ludhiana. Pandey^[9] in his study noted that there was an increase in the percentage of contraceptive users with the increase in the number of living children, with $P = 0.003$. Velankar^[10] in her study stated that, among acceptors, the most common source of information were from the health personals (i.e., doctors, nurses, and health workers; 53.7% together), followed by media (i.e., television/radio and posters/newspaper, 27.8% together).

Conclusion

A focus is needed more on reproductive health needs and woman-based services, which are sensitive to the socio-cultural constraints. Thus, efforts to improve women's education and attendance rates of girls in school are fundamental to tackle these issues. All efforts should be made by government to empower women socially and economically, which can make them active decision makers toward family planning practices. Poverty is a great obstacle to the efforts of population control, and this evil can be removed only if the government adopts a large-scale program for poverty eradication. Strengthening BCC activities within health department and nonhealth department and improving knowledge, attitude, and practice among community are steps toward family planning practices. We need a reproductive health approach that incorporates the need for ready access to reliable information and sympathetic

counseling along with health education for improvement in the scenario in the long run.

This study highlights the need for a constant interaction of health functionaries with the eligible couple for boosting family planning program. All the efforts to strengthen and raise the female literacy should be done. Strengthening BCC activities within health department and non-health department and improving knowledge, attitude, and practice among community are steps toward family planning practices.

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