Prevalence of contraceptive practices in an urban slum of Pune city, India

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Abstract

Background: According to the National Family Health Survey (NFHS)-3, the prevalence of modern methods of contraceptive use is 48.5% and by all methods 56%, which is still below the expected rate of 60% to have a stable population.

Objective: To find the prevalence of contraceptive use and the reasons for not using contraceptives among the slum population.

Materials and Methods: A community-based cross-sectional study was conducted in Mangalwar Peth slum area of Pune city, Maharashtra, India, with a sample of 400 married women aged between 15 and 45 years assuming a prevalence of 50%. Information was collected on a comprehensive, pretested, and semistructured pro forma by interviewing the study subjects. Percentages were calculated, and statistical analysis was done by χ^2 -test.

Result: The prevalence of contraception use among the couples was 69.5%. Among the 122 nonusers of contraception, the reasons for not using were: unwilling, 29 (23.77%) couples; recently married, 28 (22.95%) couples; lactation, 12 (9.8%) couples; and lack of knowledge, 7 (5.735%) couples.

Conclusion: The prevalence of contraception use was higher than the findings of NFHS-3 among the slum dwellers. The common reasons for the nonuse of contraception methods were ignorance, recently married, lactation, and lack of knowledge.

KEY WORDS: Contraceptives prevalence, knowledge, slums, NFHS 3

Introduction

According to census 2001, the Indian population comprised 1,024 million. An increase in the population by 21.34% has been observed in the last ten years, which denotes that 180 million persons were added to the population.^[1] The single highest threat to India's health, political, economic, and social development is the rampant population growth. It is all

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established to catch up with China and become the most populous country in the world in 2045. Since the launch of the nationwide Family Planning Program in 1951, attempts have been made from time to encourage the women to accept and adopt contraception. In spite of the efforts of the programs, there are women who have not at all used a method of family planning during the course of their reproductive life. [3]

National Population Policy 2000 visualizes a general approach access to several methods of contraception and fertility regulation. It is anticipated that if this policy is fully implemented India's population in 2010 will be 1107 million instead of 1162 million. According to National Family Health Survey (NFHS)-3, the prevalence of modern method of contraceptive use is 48.5% and all methods 56% in India, and in urban areas, the prevalence of modern methods of contraceptive use is 55.8%, which is still below the expected rate of 60% to have stable population.

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With the above facts in consideration, this study was planned to find the prevalence of contraceptive use among the married couples in which the women are between 15 and 45 years of age in an urban slum of Pune city. The study also aimed to find the factors for nonacceptance of family planning methods.

Materials and Methods

The community-based cross-sectional study was conducted in Mangalwar Peth slum area of Pune city. Maharashtra. India, from November 2009 to January 2010. The study was approved by the Institutional Ethical Committee, and an informed consent was obtained from the study participants prior to data collection. A team of ten internee doctors was extensively trained for the data collection. Information was collected on a comprehensive, pretested, and semistructured pro forma by interviewing married women aged between 15 and 45 years.

The total population under the field practice of urban health center is, approximately, 15,000. A total of 2,066 couples resided in the area, in which the women were aged between 15 and 45 years. A list of the 2.066 women was prepared, and by using random numbers table, a sample of 400 women was selected by simple random sampling method assuming prevalence of 50% and maximum likely error of 10%.

Statistical Analysis

The data were entered into excel sheets and analyzed by using SPSS software, version 17. Percentages were calculated, and χ^2 -test was used to find any significant association between qualitative variables. A value of p < 0.05 was considered as significant.

Result

A total of 400 married women between 15 and 45 years of age were interviewed. The maximum [218 (54.6%)] women were between the age group of 20 and 29 years, 278 (69.5%) belonged to the Hindu religion, 289 (72.35%) secondary or higher secondary school educated, 316 (79%) unemployed, and 239 (59.8%) belonged to joint family; among 238 (59.50%) women, the duration of marriage was more than 8 years, and 224 (56%) of them had one or two children [Table 1]. Among the women not using contraception, 69 (56.6%) of them were <24 years of age, and among users, 230 (72.4%) were >25 years of age. The difference was statistically highly significant (p < 0.0001). Among the nonusers, 92 (75.4%) belonged to joint family, 69 (54.9%) showed the duration of marriage to be <4 years and 113 (91.9%) possessed none or 1-2 children. The observed difference among the users and nonuser women according to their type of family, duration of marriage, and number of children was statistically significant (p<0.0001). There was no significant difference among the women users of contraception and nonusers according to their religion, literacy, and husband's literacy.

Figure 1 shows the awareness regarding oral contraceptive (OC) pills, which was the maximum among 325 (81.25%) women, followed by the male condoms 317 (79,25%), tubectomy 277 (69.5%), intrauterine device (IUD) 274 (68.5%), vasectomy 175 (43.75%), injectables contraceptives among 22(5.5%) women, and 32 (8.00%) women were unaware about any of the methods of contraception.

Among the users, 212 (76.25%) were using permanent methods and 66 (23.75%) temporary methods of contraception. Among the temporary methods, male condoms were commonly used, followed by OC pills, IUDs, and natural methods [Figure 2].

Figure 3 shows the source of information of contraceptive method among the users. Doctors were the most common source of information about contraceptives in 163 (50.62%) women, followed by health workers among 59 (18.32%), media among 35 (10.86%), others (her own knowledge and husband) reported by 30 (9.31%), mother and mother-in-law among 22 (6.83%), and friends among 13 (4.03%) women.

Among 122 women, the common reasons for not using contraceptives were want children, no knowledge about contraceptives, unwilling, recently married, pregnancy, and lactation [Table 2].

History of never use of contraceptives was high among permanent method users than temporary users. Of the 212 permanent method users, 160 couples had never used contraception in the past. The number of children was significantly high among couples with the history of never use of contraception in past ($\chi^2 = 16.68$, p < 0.001) [Table 3].

Discussion

In this study, the prevalence of modern contraceptive methods in urban slum was 68.5%, and by all methods, it was 69.5%, which is higher than 55.8% and 64% by modern and all methods, respectively, reported by NFHS-3.[5] The reason for a high prevalence of contraception use in the study could be because of nongovernmental organizations providing services in the area, and one of the Pune Municipal Corporation hospitals is near the slum area.

Among the different methods of contraception used, tubectomy was the most common method (75.9%) of contraception, followed by male condoms (11.15%), OC pills (9.4%), IUDs (1.43%), and vasectomy only among 0.35%. Similar findings were seen in NFHS-3, tubectomy (37%) was the most common method of contraception, followed by male condoms (5%), OC Pills (3%), IUDs (2%), and vasectomy only among 1%. Tubectomy was the most common method of contraception as reported in a study conducted in slums of Bombay. [6] This reflects the prevailing gender bias in reproductive health participation by men.

The most common reason for not using contraception was the desire for more children (32.78%), followed by lack of knowledge (26.23%), unwilling (23.77%), recently married, pregnancy, and lactation. Similar findings were seen in a study conducted at East Delhi.[1] The common reason for not using

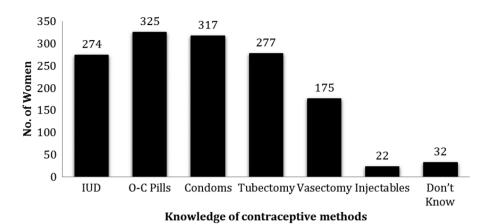


Figure 1: Awareness about the various types of contraceptive methods.

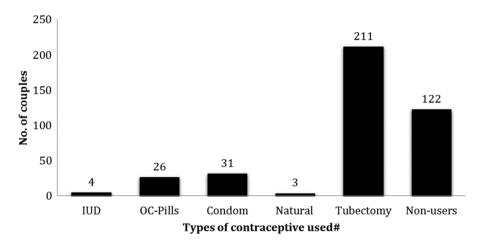


Figure 2: Contraceptive practices among the couples of slum area (Of the three couples, one couple used injectables, one couple underwent vasectomy, and one couple used intradermal implant).

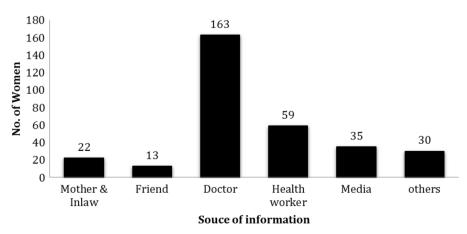


Figure 3: Source of information of contraceptive method among users.

Table 1: Demographic characteristics of women using contraceptive methods versus nonusers

Characteristics	Users (N = 278)	Nonusers (<i>N</i> = 122)	df	χ² value	р
Age (years)					
<20	4 (1.4)	20 (16.4)	4	79.71	< 0.0001
20–24	44 (15.8)	49 (40.2)			
25–29	91 (32.7)	34 (27.9)			
30–34	72 (25.9)	12 (9.8)			
>35	67 (24.1)	7 (5.7)			
Religion					
Hindu	191 (68.7)	87 (71.3)	3	1.17	0.75
Muslim	50 (18)	20 (16.4)			
Nav-Boudh	12 (4.3)	7 (5.7)			
Others	25 (9)	8 (6.6)			
Literacy					
Illiterate	49 (17.6)	13 (10.7)	3	5.14	0.14
Up to fourth standard	29 (10.4)	9 (7.4)			
Fifth-twelfth standard	194 (69.8)	95 (77.9)			
Graduate and above	6 (2.2)	5 (401)			
Husband's literacy					
Illiterate	21 (7.6)	6 (4.9)	3	5.82	0.12
Up to fourth standard	30 (10.8)	6 (4.9)			
Fifth-twelfth standard	213 (76.6)	106 (86.9)			
Graduate and above	14 (5)	4 (3.3)			
Employment					
Employed	64 (23)	20 (16.4)	1	2.73	0.25
Unemployed	214 (77)	102 (83.6)			
Type of family					
Joint	147 (52.9)	92 (75.5)	1	17.9	< 0.0001
Nuclear	131 (47.1)	30 (24.6)			
Duration of marriage (years)					
<1	2 (0.7)	19 (15.6)	3	103.49	< 0.0001
1–4	28 (10.1)	48 (39.3)			
5–8	44 (15.8)	21 (17.2)			
>8	204 (73.4)	34 (27.9)			
Number of children					
None	9 (3.2)	48 (39.9)	3	107.6	< 0.0001
1–2	159 (57.2)	65 (53.4)			
3–4	99 (35.6)	7 (5.7)			
>4	11 (4.0)	2 (1.6)			

 $[\]chi^2 = 16.68$; df = 3; p < 0.001.

was the desire for children (32.4%). Another study conducted in a resettlement colony of Delhi^[7] found that want of children was a common reason for not using contraception followed by, recently married and too soon to use contraception. In another study conducted in Delhi,[8] (35.9%) of no acceptors did not use owing to ignorance.

Doctors were the most common source of information regarding contraception (63.8%) among the users. Similar findings were observed in a study conducted in Jammu and Kashmir,[9] where doctors (73%) were the source of infor-

Study revealed that spacing methods were used by only (24.75%) couples, and among permanent method user's, history of past use of any contraception was significantly low. Another study conducted in Delhi[10] reported the same finding. This shows that couples favor permanent methods of contraception without using spacing methods that is necessary to keep a gap between pregnancies and has impact on total fertility.

Table 2: Distribution of reasons for not using contraception among the women in slum area

Reasons for not using contraception	N = 122	Percentage
Want child	40	32.78
No knowledge	32	26.22
Unwilling	29	23.77
Recently married	28	22.95
Pregnancy	22	18.03
Lactation	12	9.83
Husband away	5	4.09
Infrequent sex	5	4.09
Opposition from family	2	1.63
Side effects	4	3.27
Opposition from husband	4	3.27
Health disorders	3	2.45
Do not know source	1	0.81
Religion	1	0.81
Other	9	7.37
Total	173ª	

^aMultiple responses.

Table 3: H/o the use of contraception among the users of temporary and permanent methods of contraception and the number of children

	Used in the past	Never used in the past	Total
Method of contraception			
Temporary	66	0	66
Permanent	52	160	212
Total	118	160	278
Number of children			
None	10	47	57
1–2	93	131	224
3–4	29	77	106
>4	2	11	13
Total	134	266	400

Conclusion

The prevalence of contraception use was higher than the findings of NFHS-3 among the slum dwellers. The common reasons for not using contraception were the desire for children, lack of knowledge, unwilling, recently married, pregnancy, and lactation. Use of spacing methods was low, which needs to be addressed, as it has a direct impact on the fertility.

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