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STUDY OF PATTERN OF CONTRACEPTIVE USE AMONG YOUNG SEXUALLY ACTIVE WOMEN RESIDING IN A SLUM OF BHOPAL

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ABSTRACT

Introduction: Much of the sufferings and deaths related to pregnancy or childbirth could be prevented through effective modern contraceptives. This study was conducted to determine knowledge, use of contraceptives and to examine the influences of socio demographic factors on them.

Objectives: Objectives of this study was to find out the awareness and use of various contraceptive methods among sexually active women.

Material and Method: it was a cross sectional study done in a slum of Bhopal for a period of 3 months from May 2014- July 2014 in 242 women of 15-35 yrs age group. Structured performa was used to interview them.

Result: Out of 242 women156 (64.5%) were using any method of contraceptive. Majority of them were ie. 203(96%) were aware about sterilization but the most common type of contraceptive used was condom in 29% cases. Family pressure was the main reason for not using any contraceptive method.

Conclusion: Majority of them was aware but few are using any kind of contraceptives methods. So, there is wide gap in the awareness and usage of contraceptive. So, vigorous, effective and meticulous means of promoting contraceptive use need to be promoted.

Keywords: contraceptives, awareness, young sexually active women.

INTRODUCTION

More than half a million women, nearly all of them in the developing world, die each year in pregnancy or childbirth. This amounts to one every minute.¹ Another million suffer serious, sometimes permanent pregnancy-related injuries. Much of this suffering and death could be prevented through effective family planning engendered by modern contraception.²

India was the first country in the world to formulate the national family planning program in the year 1952 with the objective of " reducing the birth rate of the extent necessary to stabilize the population at a level consistent with requirement of National economy".³

In India, more than 75% of pregnancies are unplanned and a quarter of them are undesired. ⁴Annually almost 11 million abortions take place in the country, and more than half of these are unsafe, accounting to high maternal morbidity and mortality rates. ⁵

According toNFHS-3, about 30% of the fertility in India was unwanted, indicating a huge gap between the demand and supply of family planning and the unmet need for the country as a whole is about 13% and this is high among married women aged 15-19 years (25% for spacing and 2% for limiting) and among those aged 20-24 years (15% for spacing and over 6% for limiting). According to NFHS-3 contraceptive prevalence in INDIA is 56.3% and in urban population it is 64% and in rural population is 53%

among married women. According to NSSO, 1/8 of urban Indian residents lives in slum and the condition in slums is even worse.

Knowing about family planning and accessing it are the crux of safe, responsible sexual behavior. Women should have the effect of decreasing unintended and/or unwanted pregnancies, since contraceptives help women manage their reproductive health.

The behavioral changes demanded of the target population depend on a good understanding of the knowledge, attitudes and practices of individual towards family planning and child-spacing in the given community. So, this study was planned to know the pattern of contraceptive use in women residing in a slum of Bhopal.

OBJECTIVES

Objectives of the study were to assess the awareness about various family planning methods and to determine trend and the effect of various socio demographic factors on current usage of them among young sexually active women in a slum of Bhopal city.

MATERIALS AND METHODS

It was a community based cross sectional descriptive study done in a period of 3months from May to July 2014. Study was approved by Institutional Ethics Committee. The informed consent was taken from each woman after explaining the objective of the study. The reference population was married women in the reproductive age group (aged 15-35years) who are currently using any method of contraception & residing in a slum of Bhopal. One of the slums was selected randomly for the study. All the houses in the area were visited and a total of 242 women in the required age group (15-35 yrs.) who were present at that time were interviewed. A pilot study was undertaken on 20 subjects (who were later excluded from the actual study) which helped to further standardize the questionnaire and make required amendments in it. Awareness was defined as if the women interviewed knew about at least one method of contraception

Confidentiality of the identity of the respondent and the information provided was assured. The exclusion criteria were all women who were divorced, separated, widowed, infertile, who had attained menopause, who had undergone hysterectomy and women who had migrated to the village but were not permanently residing there. The services of a medico-social worker were sought for interpretation and better communication with the subjects.

The data was tabulated in MS excel 2007 software and analyzed using the statistical software. The chi

Square test of significance was used to test for significance.

RESULT

Table 1: Awareness and current usage of contraceptive among married women

Variables	Current	Current	Total	p-			
	Users(n=156)	Nonusers	(242)	value			
		(n=86)					
Awareness and current use							
Yes	150(96	61(70)	211	0.000			
No	6(4)	25(30)	31				
Source of information							
Media	63(40)	37(43)	100	0.041			
Friends	22(14)	14(16)	36				
Doc-	46(30)	17(20)	63				
tors/health							
personnel							
Others	25(16)	28(32)	53				

Figure in parenthesis indicate percentage

Table 2: Contraceptive use in relation to socio- demographic profile of the women

Variables	Current Us-	Current Nonus-	To- tal	p- value			
	ers(n=156)	ers (n=86)	(242)				
Age (yrs.)							
15-20	2 (1.2)	7 (8)	9	0.007			
20-25	50 (32.2)	28 (32)	78				
25-30	66 (42.3)	23 (27)	89				
30-35	38 (24.3)	28 (32)	66				
Educa-							
tion							
Illiterate	45 (28.8)	39 (45)	84	0.010			
Literate	111 (71.1)	47 (55)	158				
Duration of	f married life						
0-5yrs.	40 (25.6)	27 (31)	67	0.153			
5-10	42 (27)	21 (24)	63				
10-20	52 (33.3)	19 (22)	71				
>20	22 (14)	19 (22)	41				
Parity							
Nullip-	17 (9.6)	8 (8.9)	25	0.000			
ara		0 (0.9)					
Parity 1	49 (31.3)	35 (41)	84				
Parity 2	71 (47)	34 (39.5)	105				
Parity ≥3	19 (12)	9 (10.4)	28				
Figure in parenthesis indicate percentage							

Figure in parenthesis indicate percentage

In this study among 242 women studied, maximum 89 (37%) were in the age group of 25-30 years and about 65% of the respondents were literate. Most of them 71(29.3%) were married for 10-20 yrs and 105(43.4%) had parity of two.

Out of 242 women 211 (87%) were aware of at least one of the methods of contraception and there is



highly significant association between awareness and usage of contraceptives (p<0.001). Regarding individual contraceptive method 203 (96%) were aware of permanent method ie. sterilization. 182 (86%) were aware of IUCDs and 148 (70%) of barrier methods (condoms). Only 137(65%) know about oral contraceptive pills. The source of awareness is mostly from media (TV/radio) in 100 (41.3%) and only 63 (26%) got awareness through health personnel.

Out of 242 married women, more than half i.e.156 (64.5%) was contraceptive users. Maximum contraceptive users were in 25-30 yrs age group ie. 66 (42.3%) followed by 50 (32.2%) and 38 (24.3%) in 20-25 and 30-35 years of age group respectively. There is significant association (p=0.007) between age group and contraceptive usage.

The percentage of contraceptive use was higher among literate women 111(71.1%) than illiterates (28.8%). While among the non users 39(45%) were illiterate. There is significant association (p=0.01) between literacy level of women and use of contraceptives.

Maximum contraceptive usage 52 (33%) was among those couples who were married for 10-20 years followed by 27% among those married for 5-10 years. While most 27(31%) of the non users were married for 0-5 years. However, no significant association (p=0.15) was observed between duration of married life and contraceptive usage.

The usage of contraceptive is maximum 71(47%) among those women who had parity of two followed by those who had one live child 49 (31.3%). While its usage is less 19(12%) in women with parity

A highly significant (p<0.01) association was observed between contraceptive use with living number of children. The most common reason found for not using any method was family pressure in 70% of cases.

DISCUSSION

The increasing growth of population has become an urgent global problem. Even though great strides have been made in contraceptive technologies their use remains poor. The current study was undertaken to know the pattern of contraceptive use in married women of urban slum. A total of 64.5 % females were using any type of family planning method in this study. Similar findings were reported in the studies conducted by Kumar A et al (2011)⁶ in urban slums of Lucknow and by Makade K.G. et al (2012)⁷ in Mumbai where prevalence of contraceptive usage was 66.5% and 68.4% respectively. Low rates was reported by Chandhick et al (2003)8 in their studies.

It was seen that most of the women were aware about at least one method of contraception (87%). Similar results were found in a study by Saluja N. et al (2009)9 in rural Haryana were 96% of women knew about at least one method of contraception. Also in a study by Sunita TH et al (2013)10 in Dharwad 100% women had knowledge of contraceptives. These findings are similar to prevalence of knowledge (98.2% in men & 97.7% in women) reported by NFHS-III. 11

In our study 100(41.4%) of the women received awareness about contraceptives from media and 22% from workers and medical professionals. Similar results were seen in a study conducted at Barabanki by Rajpurohit AC et al (2014)12 where more than half (55.6%) of the women received knowledge about contraceptive methods from television (TV/radio). Mass media plays an important role in promotion and acceptability of contraception. The need to advertise through media is to be enhanced as 35% of the women interviewed were illiterates. The health personnel specially MPHW (F) and ASHA workers who closely monitor health parameters and are also a part of the community should discuss the need of contraception especially spacing methods to bridge the gap between knowledge and practice of contraception.

In the study conducted in urban slums of Mumbai by Makade K.G et al7 the practice was maximum for OCP in 28.07% and condoms in 18.42% while only 11.98% of females practiced tubectomy. While in our study, maximum number of women told that their husbands used physical barrier (condoms) in 29% followed by IUCD in 19% and oral contraceptives in 16.5% females. Similar findings were shown by Bhasin et al (2005)13 and Agrawal Shraddha et al (2006)14. This could be due to easy usage and least side effect of condoms.

Maximum contraceptive acceptance i.e. 42.3% was observed in 25-30 years followed by 32.2% in 20-25 years of age group. Similar result was seen in a study conducted by Patel A(2015)15 in Tamilnadu where 40.3% users of contraceptives belonged to age group of 24-29 years and 37% belonged to 30-35 years age group. In our study, 111 (71.2%) users of contraceptives were literate whereas only 45(28.8%) illiterate person used any kind of contraceptive. Similar results are seen in studies conducted by Walvekar PR in Belgaum (2012)16where usage of contraceptives was only 21.39% among illiterates.

Maximum contraceptive usage 71(47%) in our study was seen in females who had two children. Similar results was seen in a study conducted in rural area

of Tamilnadu by Patel A (2015)15 where 46.98% of users of contraceptive had parity of two. In our study maximum 52 (33.3%) contraceptive usage is seen in woman who had completed 10-20 years of married life while maximum non users had 0-5 yrs of married life. This is similar to a study done in Belgaum by Walvekar PR (2012)16 where 40.02% of contraceptive users have completed 10-20 years of married life. This is so because most of the women use contraceptives after the birth of one or two children to limit the family size rather than to space pregnancy.

Out of 86 (35.5%) women who are not practicing contraception family pressure is found to be the main reason. Similarly, in a study done in Lucknow by Rizvi A et al (2013)¹⁷ husband's negative attitude was main reason for non usage of contraceptives. So in order to increase the use of contraceptive it is imperative to change husband's attitude and involvement of both men & women equally in family planning decision making.

CONCLUSION

This study shows that although the awareness among married females for family planning methods is more 86% but actual practice lags behind and is only 64.5%. Most of them 96% were aware of permanent method. . Media was the main source of awareness. The need to advertise through media is to be enhanced as most of the women interviewed were illiterate. Contraceptive use was significantly associated with awareness, age, literacy level and parity. Education plays a very important role in acceptance of contraceptive method as seen by more usage ie.71.1% among literates. While contraceptive use was not associated with duration of married life. Family pressure was the main reason for non usage of any method. Men should also share the burden of family planning by accepting permanent or temporary family planning method. Health education, sex education and knowledge of family planning should be an integral part of school / college education.

REFERENCES

- 1. Ronsmans C, Graham WJ. On behalf of The Lancet Maternal Survival Series Steering Group. Maternal mortality: Who, when, where, and why. Lancet. 2006; 368(42):1189-1200.
- 2. Mairiga AG, Kullima AA, Bako B, Kolo MA. Socio cultural factors influencing decision-making related to fertility

- among the Kanuri tribe of north-eastern Nigeria. Afr J Prm Health Care Fam Med. 2010; 2(1), 4
- Annual Report 2012-13 Family Planning. Accessed from http://nrhm.gov.in/images/pdf/programmes/familyplaning/annual-report/annual-report-fp-division-2012-13.pdf. Accessed on 15th Sept 2014.
- 4. Puri S, Bhatia V, Sehgal A, Mangat C. Imparting knowledge of Emergency Contraception to College going students. Is it dangerous? The Internet Journal of Epidemiology 2008; 6(1):1-10.
- 5. Mittal S, Lakhatia M, Kumar S, Singh S. Contraceptive awareness and acceptance in Indian Metropolitan city. Consortium on National consensus for Emergency Contraception 2001; 91
- Kumar A, Bhardwaj P, Srivastava JP, Gupta P.A study on family planning practices and methods among women of urban slums of Lucknow city. Indian Journal of Community Health 2011; 23(2):75-77.
- Makade KG, Padhyegurjar M, Padhyegurjar SB, KulkarniRN.Study of contraceptive use among married women in a slum in Mumbai. National Journal of Community Medicine 2012; 3(1):40-43.
- Chandhick N, Dhillon BS, Kambo I, Saxena NC. Contraceptive knowledge, practices and utilization of services in the rural areas of India (an ICMR task force study). Indian J Med Sci 2003; 57(7): 303-10.
- 9. N Saluja, S Sharma, S Choudhary, D Gaur, S Pandey. Contraceptive Knowledge, Attitude and Practice among Eligible Couples of Rural Haryana. The Internet Journal of Health 2009; 12(1): 1-7
- 10. Sunita TH, Desai MR. Int J Reprod Contracept Obstet Gynecol Jun2013; 2(2):172-176.
- 11. International Institute for Population Sciences (IIPS) and macro international 2007. National Family Health Survey (NFHS-3), 2005-06: India: volume 1. Mumbai: 125-27.
- 12. Ambesh Chandra Rajpurohit, Priyanka Kesarwani, Vinod Kumar Srivastava. Contraceptive use by women of rural Uttar Pradesh - A socio-demographic study. Indian journal of community health 2014; 26 (02):139-144.
- 13. SK Bhasin, M Pant, M Metha, S Kumar. Prevalence of Usage of Different Contraceptive Methods in East Delhi -A Cross Sectional Study, Indian Journal of Community Medicine, April 2005; 30(2):53-55.
- 14. Agarwal S, Sangar K. Need for Dedicated Focus on Urban Health within National Rural Health Mission. Indian Journal of Public Health. July-September 2005; Vol. XXXXIX (3):22-27.
- 15. Patel Anil A. Knowledge and practices of contraception among married females of rural Tamil Nadu. Asian Journal of Biomedical and Pharmaceutical Sciences, 2015; 5(42):1-4.
- 16. Padmaja Ravindra Walvekar Determinants of contraceptive use among married women residing in rural areas of Belgaum. J Med Allied sci 2 0 1 2; 2 (1): 0 7 -11
- 17. Rizvi A et al. Assessment of knowledge of contraceptives and its practice among married women in urban slums of Lucknow district.Indian Journal of Community Health Jan 2013;25(1):6-11.