Al Ameen J Med Sci 2013; 6(1):34-39 ● US National Library of Medicine enlisted journal ● ISSN 0974-1143

ORIGINAL ARTICLE CODEN: AAJMBG

Knowledge and practice of family planning in married women of reproductive age group in a slum of Kolkata

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Abstract: *Background:* The roots of the factors influencing family planning issues are entrenched in the socio-cultural milieu of Indian society. *Objectives:* To determine knowledge and practice of contraception, to find out association, between contraceptive practices and different socio-demographic variables and to elicit factors behind lack of contraception. *Methodology:* A cross-sectional, community based study was conducted among 352 women of 15-49 year age group of urban field service area, Kasba of Calcutta National Medical College, Kolkata using a pretested and predesigned schedule. *Results:* Only 9% had no idea about contraception. Family members were the major source of knowledge (39.8%) followed by TV (38%). Oral contraceptives pills (52.6%) was the most commonly used contraceptive followed by condom (24. 6%). About 2/3rd of the study population was currently using no contraceptive methods. The percentage of non users is more in case of per capita family income of Rs <1000/- ($p<0.05$) and male sex of the last child ($p<0.05$). Common reasons for not using any method were desire of a child (42.0%), amenorrhoea since last delivery (26.1%) and lack of motivation (20.2%). Most of the couples (53.5%) themselves made decisions on contraception though role of mother-in-laws (6.8%) was not negligible. *Conclusion:* There is a huge knowledge-practice gap. Mother-in-laws and husbands should be the special target groups for IEC.

Keywords: Family planning, KAP gap, decision makers

Introduction

With a population of 1.21 billion with 17.64% decadal growth rate, India is the second most populous country in the world [1]. Although the TFR has dropped from 3.6% (1991) to 2.8% (2006), there are still miles to go to reach the replacement level of 2.1 set by National Population Policy, 2000 [2].

Many women who are sexually active would prefer to avoid becoming pregnant but nevertheless are not using any method of contraception. These women are considered to have an unmet need for contraception [3]. National Family Health Survey-III (NFHS-III) (2005-06) revealed that we are still facing the difficult task of addressing the unmet needs of 13.2% of the married women [4].The extent of acceptance of contraceptive methods still varies within societies and also among different castes and religious groups. The factors responsible for such varied images operate at the individual, family and community level with their roots in the socio-economic and cultural milieu of Indian society. The current TFR of West Bengal is 2.0, though 3rd in India, is still lagging behind states like Kerala, AP, Tamilnadu and Gujarat [5]. Although TFR of Kolkata is 1.35, much below that of the state and national averages, differences are observed between slum population and the rest of the city [4].

Although it is of much importance to know about the knowledge and practice of family planning and various socio demographic factors governing their contraceptive choices in order to determine the unmet need of the population, few studies have been conducted in this area of Kolkata regarding such issue. With this background, this study was conducted on women of reproductive age group residing at slum within the urban field service area, Kasba of Calcutta National Medical College & Hospital to assess the knowledge and current practices of family planning, to find out association, if any,

between their family planning practices and different socio-demographic variables and to elicit reasons for couples using no family planning method.

Material and Methods

The cross-sectional observational study was conducted in June 2010 at the urban field service area, Kasba of Calcutta National Medical College & Hospital, a tertiary level government hospital in West Bengal. The population mainly consists of the nearby slum dwellers who regularly receive OPD as well as home based care from the Urban Training Centre. Sample size was determined by applying the formula $4pq / l^2$ where p is proportion of 15-49 year currently married women using any family planning method, q is the proportion of 15-49 year married woman using no family planning method and l is the 10% allowable error. According to NFHS-III, 56.3% of currently married women of 15-49 years use any family planning method in the country. [4] Thus, minimum number of women to be studied was $[4x56.3x43.7/ (5.63)^2]$ or 311. Taking non response rate of 10%, the estimated sample size became 342. A house list with particulars of residences in each household obtained from Urban Training Centre, Kasba was verified and updated by the researcher before conducting the actual study.

The study population was then selected by simple random sampling from the updated list of the residents of the area. An interview schedule was prepared following literature review and after consulting with experts in the field of public health. The schedule was translated in Bengali as Bengali is the local language and was re-translated in English before its use. A pilot study was conducted in a nearby slum outside the service area on 50 women who were not included in the study population and the schedule was modified according to the feedback. After modification, total 352 currently married women of reproductive age group (15-49 years) were interviewed with the predesigned, pretested, semi-structured schedule.

Inclusion criteria included only those women who were currently using any family planning method. Those who used any family planning method in the past but were not using any in the study period were excluded. The study variables were age, religion, educational status, type of family, monthly family income, number of family members, age at marriage, occupation of the respondent, sex of last child, current use (For last one month) of any contraceptive method, source of knowledge, name of the decision maker in family planning issues and if not using any contraceptive method, reasons behind it. Data obtained was analyzed using standard statistical method using SPSS version 17.0 for windows.

Results

It was observed that more than 65% of the study population (234/352) had knowledge of Oral Contraceptive Pill (OCP) followed by Condom (61.4%), ligation (45.5%) and IUCD (29.5%) whereas about 9% (32/352) had no idea of any family planning method (Table 1). Most of them (33.3%)studied up to middle level.19% of them were illiterate/just literate and 12.7% were educated above secondary level suggesting overall low level of education. Majority of the study population received the knowledge from family members (40%), T.V (38%) and friends (27%) whereas newspaper played an insignificant role in disseminating knowledge because of low educational status of the population.

Table-1: Distribution of Population according to knowledge of different Methods of contraception [n=352]

Methods	Number	Percentage
Oral Contraceptive Pill	234	66.5
Condom	216	61.4
Ligation	160	45.5
Natural Methods**	120	34.1
Intra-Uterine Contraceptive Devices	104	29.5
Vasectomy	80	22.7
Injectable Contraceptives	12	3.4
No Idea	32	9.1

*Multiple Responses
¶ Natural Methods included: Abstinence, Calendar Method, Basal Body Temperature, Cervical mucus Method.

Table-2: Distribution of users according to different methods of contraception [N=114]		
Type of users	**Number**	**Percentage**
Oral Contraceptive Pills	60	52.6
Condom	28	24.6
Intra Uterine Contraceptive Devices	01	0.9
Ligation	04	3.5
*Traditional methods	21	18.4
* Traditional methods Include: 1. Abstinence 2. Coitus interruptus 3. Safe period 4. Lactational Amenorrhoea		

About 2/3rd (238/352) of the study population was currently not using any contraceptive method. OCP (52.6%) was the most commonly used contraceptive method followed by condoms (24.6%) & traditional methods (18.4%). Only 3.5% had ligation & no case of vasectomy was found in spite of moderate knowledge on vasectomy. IUCD user rate was below 1% (Table 2). Most of the non-users were below 30 years, i.e. females at the peak of their reproductive period. These groups constituted more than 60% of the study population. About 71% of Muslim women were non-users in comparison to about 64% of Hindu non users. There was not much difference in contraceptive use between women from joint families (28%) and from nuclear families (34%). With the increment of per-capita monthly family income the percentage of users were increasing ($p<0.05$). Most of the house wives were non users (68.3%). The percentage of non-users is more in case sex of last child being a male ($p<0.05$) (Table 3). Majority (42%) of non-users did not use contraception because they simply wanted child (100/238). Amenorrhoea since last child birth was also a reason for more than 25% of non users because most of them were mothers of infants. Again, lack of motivation (20.2%) in spite of knowledge was one of the important factors (Table 4). It was interesting to note that in more than half of the families (53.5%) the couple themselves made decisions on family planning issues (188/352). However, in 1% of cases only, the wife alone was the decision maker. A significant proportion of the decision makers were mother in laws (6.8%), quite an expected finding within the prevailing social structure (Table 5).

Table-3: Socio demographic correlates of use of family planning methods [n = 352]			
Socio demographic Characteristics	**Users(n=114)**	**Non-Users(n=238)**	**χ^2 value, d.f.: p value**
Age group			
<30 (n=322)	102 (31.7)	220 (68.3)	0.868, d.f:1, p=0.351
>30 (n=30)	12 (40.0)	18 (60.0)	
Religion			
Hindu(n=178)	64 (36.0)	114 (64.0)	2.094, d.f:1, p=0.148
Muslim(n=174)	50 (28.7)	124 (71.3)	
Type of family			
Joint(n=100)	28 (28.0)	72 (72.0)	1.227, d.f:1, p=0.268
Nuclear(n=252)	86 (34.0)	166 (66.0)	
Per capita monthly family income (Rs/-)			
≤1000(n=204)	56 (27.5)	148 (72.5)	5.397, d.f:1, p=0.020*
> 1000(n=148)	58 (39.2)	90 (60.8)	
Occupation			
House Wife(n=328)	104 (31.7)	224 (68.3)	1.013, d.f:1, p=0.314
House Maid (n=12)	4(33.3)	8 (66.7)	
Others **(n=12)	6 (50.00)	6 (50.00)	
Sex of last child			
Boy(n=204)	55 (26.9)	149 (73.1)	6.522, d.f:1, p=0.011*
Girl(n=148)	59 (39.9)	89(60.1)	
* Figures within brackets denote percentage (%). ¶ Others include Tailors, Labourers and Vegetable Vendors.			

Table-4: Distribution of Non-Users according to the Reason for Using No Family Planning Method [n=238]		
Reasons	**Number**	**Percentage**
Desire to have a child	100	42.0
Amenorrhea since last child birth	62	26.1
Lack of motivation	48	20.2
Lack of knowledge	32	13.4
Harmful for health	16	6.7
Resistance from other family members	2	0.8
* Multiple responses		

Table-5: Distribution of the population according to names of decision makers about family planning in family [n = 352]		
Decision makers	**Number**	**Percentage**
Both husband and wife	188	53.5
Husband only	136	38.6
Wife only	4	1.1
Mother in law	24	6.8

Discussion

Majority of the participants had at least little knowledge of family planning. However, in spite of their knowledge, 2/3rd of the study population was not using any family planning method currently, due to either desire of child or lack of motivation. Kansal A et al. reported that contraceptive prevalence was 49.9% in rural Dehradun with tubectomy being the most common method (28.9%). Prevalence of condom, OCP and IUCD were 11.7%, 4.8% and 1.7% respectively [6]. Srivastava R in Gorakhpur reported condom as the most commonly used contraceptive (34.5%) [7] .In a study by Khokar A et al in Delhi (2005) among 206 women, prevalence of contraception was 45.1%. Significantly higher proportion of women having parity one adopted contraception as compared to those with zero parity ($p<0.01$) [8].

Andulkar SP et al reported 20.54% of unmet need in their study on 810 married women of reproductive age group, the main reasons being approaching perimenopausal age group (32.47%), lactation (31.16%) and ignorance (12.32%). Tubectomy was the most preferred method of contraception (18.53%) followed by OCP (14.93%) and IUCD (13.47%). Literacy status was found to exert a positive effect in reducing unmet need ($p<0.001$) [9].

Patil SS reported unmet need for contraception was found in 59 (45.1%) women, need for spacing in 25 (19.1%) and need for limiting birth in 34 (26%) women. About 81.3% of women in the unmet group belong to the age 15-29 yrs, a finding similar to that of the present study where most of the non users belonged to <30 year age group. There was significant association between prevalence of unmet need and age, number of living children, education. There was no significant association found between occupation, religion and unmet need for contraception. The study revealed that lack of information about contraceptive method and its sources (57.6%) were the common reasons for non-acceptance of contraception [10].

Earlier study by the present authors conducted in another slum of Kolkata revealed that 19% used condom, 15.9% used OCP, and 9.5% were ligated. About 83% of illiterates were non-users followed by Secondary and above group (57.9%). Acceptance of IUCD was almost zero due to lack of knowledge & fear of side effects. There were more non- user among Muslims than Hindus (71.4% Vs 44.5%) similar to the present study. About 51% were not using any method of contraception. Contraceptive use was more among those having one living son (62.9%) than those having no living son (35%) [11]. Higher was the no of living sons; higher was the proportion of non-users of contraception, a fact established by similar studies [6-7].

NFHS-III (2005-'06) data for West Bengal and Kolkata were compared with the present study that was given in a tabular form [4]:

Item	West Bengal (NFHS III)	Kolkata (NFHS III)	Present Study
Family Planning Practices (currently married women, age 15–49)			
Any method	71.2	77	32.4
Female sterilization	32.2	24.6	3.5
Male sterilization	0.7	0.2	0
IUCD	0.6	1.4	0.9
OCP	11.7	9.2	52.6
Condom	4.5	9.9	24.6
Traditional method	21.3	31.6	18.4
Knowledge of Family Planning			
At least one method	99	99	90.9
Female sterilization	98	98	45.5
Male sterilization	89	84	22.7
IUCD	71	73	29.5
OCP	80	93	66.5
Condom	71	79	61.4

Overall contraceptive use is much less in comparison to both state and city figures. On the other hand, use of OCP and condom were much higher in the present study. Overall knowledge is comparable though both awareness and practice of male sterilization and IUCD were very poor. It can be concluded that there is a huge knowledge-practice gap in the population. Among contraceptive choices, vasectomy and IUCD, two convenient one-time contraceptive methods were heavily neglected ones. Role of mass media like TV is to be intensified in spreading awareness especially among the lower socio-economic strata. At the same time, interpersonal and group approach should be emphasized. As the influence of mother-in-laws and husbands were found really significant in family planning issues, they should be the special target groups for counseling besides couples as envisaged in RCH-II. Use of IUCD should be encouraged as a spacing method and vasectomy should be promoted as a safe permanent sterilization method. However, as the study period was short, no follow up could be done. More studies of longitudinal design are required for in depth review of the issue. A significant portion of population of women with lactational amenorrhoea may also lead to bias.

Acknowledgement

With a profound sense of gratitude, we would like to extend our heartfelt thanks to the following for their continuous support and valuable suggestions to carry out the present study: Prof R N Chattopadhyay, Principal, Calcutta National Medical College & Hospital. Prof S K Bhattacharya, Head of the Dept.of Community Medicine, Calcutta National Medical College & Hospital. Students of of Calcutta National Medical College & Hospital (session 2007-08) who helped in data collection, analysis and tabulation. Above all, all the participants for their whole-hearted co operation.

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